

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS12
87443
File No. _____
Registered No. 20414

CERTIFICATE OF DEATH

No. Philadelphia State Hospital St., _____ Ward. _____
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)1. PLACE OF DEATH
County Philadelphia Primary Dist. No. _____
Township _____
Borough _____
City Philadelphia
Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) George S. Davis
Residence: No. Philadelphia State Hospital St., _____ Ward. 3815 Chestnut St., Phila.
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Holden Davis6. DATE OF BIRTH (month, day, and year) Aug. 23, 18707. AGE Years 70 Months 1 Days 24 If LESS than 1 day, _____ hrs. or _____ mins.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silkmill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 17, 1940
(month, day, and year)22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940, to October 17, 1940
I last saw her alive on October 17, 1940; death is said to have occurred on the date stated above, at 11:20 A.M. EST

The principal cause of death and related causes of importance were as follows:

Paresia

Date of onset

1934

Other contributory causes of importance:

Generalized arteriosclerosis
Calculation of left legUnknown
10/16/40Name of operation none Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? noIf so specify _____
(Signed) Paul Earle Gordon M. D.
Oct. 17 1940 (Address) Phila. State Hospital D. O.12. BIRTHPLACE (city or town) New York
(State or Country)13. NAME Abram Davis14. BIRTHPLACE (city or town) Wales
(State or Country)15. MAIDEN NAME Sarah Healy16. BIRTHPLACE (city or town) England
(State or Country)17. SIGNATURE OF INFORMANT Jane H. Davis
(Address) 3815 Chestnut St.18. BURIAL, CREMATION, OR REMOVAL: Date Oct. 18, 1940
Place Fernwood County Del. State Pa.19. UNDERTAKER (name and address) 3925 Chestnut St.
Andrew J. Bair & Son Inc. Andrew J. Bair20. FILED Oct 18 1940 19 _____ Registrar. _____