



# DEATH CERTIFICATE

CITY OF PHILA. • DEPT. OF RECORDS  
VITAL STATISTICS  
401 CITY HALL ANNEX, PHILA., PA. 19107

No. 7372

191557

|                               |      |                     |                               |
|-------------------------------|------|---------------------|-------------------------------|
| FULL NAME OF DECEASED (First) |      | (Middle)            | (Last)                        |
| John                          |      |                     | Deasley                       |
| ADDRESS (Street and Number)   |      |                     |                               |
| SEX                           | RACE | MARITAL STATUS      | DATE OF BIRTH (Mo., Day, Yr.) |
| M                             | W    | Married             | January, 1861                 |
| AGE                           |      | Yrs. Mos. Days      |                               |
| 50                            |      |                     |                               |
| OCCUPATION                    |      | BIRTHPLACE          |                               |
| Storekeeper                   |      | Phila.              |                               |
| NAME OF FATHER                |      | BIRTHPLACE          |                               |
| William                       |      | Ireland             |                               |
| MAIDEN NAME OF MOTHER         |      | BIRTHPLACE          |                               |
| Margaret Gable                |      | Ireland             |                               |
| DATE OF DEATH                 |      | CAUSE OF DEATH      |                               |
| December 25, 1910             |      | Acute Hydrocephalus |                               |
| NAME OF PHYSICIAN             |      | ADDRESS             |                               |
| Gordon M. Chaustin            |      | 2043 N. 12th St.    |                               |
| PLACE OF BURIAL OR REMOVAL    |      | BURIAL DATE         |                               |
| Mt. Moriah                    |      | December 29, 1910   |                               |
| UNDERTAKER                    |      | ADDRESS             |                               |
| Schuyler & Son                |      | 6th & Diamond       |                               |

I hereby certify the above to be a correct copy of a Death Certificate filed in this office.

FEB 8 1980  
(Date Issued)

Allen Weinberg  
(Registrar)

82-158 (Rev. 3/74)

Form V. S. No. 5-A-10-26-09.

### 1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of .....

Borough of .....

City of PHILADELPHIA.

### CERTIFICATE OF DEATH.

Registration District No. 1.

Primary Registration District No. ....

(No. 2358 Germantown St., 37

COMMONWEALTH OF PENNSYLVANIA.  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

File No. ....

Registered No. 81213

Ward.)

### 2. FULL NAME

John Deasley

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M  
4. COLOR OR RACE: W  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

6. DATE OF BIRTH: Jan 49 1861

7. AGE: 50 yrs. mos. ds.

8. OCCUPATION: (a) Trade, profession, or particular kind of work: Store keeper

9. BIRTHPLACE (State or Country): Phila

10. NAME OF FATHER: William

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Margaret Gable

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

### 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Deasley  
(Address) 2358 Germantown

### 15.

Filed.....191.....

Local Registrar

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 25 1910

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1910, to Dec. 25 1910, that I last saw him alive on Dec. 25 1910, and that death occurred, on the date stated above, at 6 p. M. The CAUSE OF DEATH\* was as follows:

Acute hydrocephalus (probably alcoholic)  
50 (Duration) yrs. mos. ds.  
Contributory: Had aneurysm about 2 yrs ago (Duration) yrs. mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) Gordon M. Chaustin M. D.  
12 Feb / 1910 (Address) 2043 N 12 St

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR TRANSIENTS OR RECENT RESIDENTS). At place of death: yrs. mos. ds. State: yrs. mos. ds. Where was disease contracted.

If not at place of death? Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Moriah DATE OF BURIAL: Dec 29 1910

20. UNDERTAKER: Schuyler & Son ADDRESS: 6th & Diamond