

## PLACE OF DEATH

## REGISTRATION DISTRICT

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

104981

File No. 23505

Registered No.

[If death occurred in  
Hospital or Institute  
give its NAME (with  
of street and number)]County of \_\_\_\_\_  
Township of \_\_\_\_\_  
or  
Borough of \_\_\_\_\_  
City of PhilaRegistration District No. 1  
Primary Registration District No. \_\_\_\_\_(No. 4815 Chestnut St. 46 Ward)

## 2. FULL NAME

Samuel Jackson Kimber

## PERSONAL AND STATISTICAL PARTICULARS

1. SEX M  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married6. If married, widowed, or divorced  
HUSBAND of Sarah Kimber  
(or) WIFE of \_\_\_\_\_7. DATE OF BIRTH (month, day, and year) Oct 09, 19527. AGE  
Years 70 Months \_\_\_\_\_ Days 8  
IF LESS than  
1 yr. ... mo.  
2. mo.8. OCCUPATION OF DECEASED  
(a) Trade, profession, or  
vocational kind of work  
(b) General nature of industry,  
business, or establishment in  
which employed (for employer)  
(c) Name of employer  
Watchman9. BIRTHPLACE (city or town) Phila.  
(State or country) Penna.10. NAME OF FATHER Richard Kimber11. BIRTHPLACE OF FATHER (city or town) Phila.  
(State or country) Penna.12. NAME OF MOTHER Sarah Joct13. BIRTHPLACE OF MOTHER (city or town) Phila.  
(State or country) Penna.14. Informant Sarah Kimber  
(Address) 212 Broad Street, Collingsdale, Pa.15. Phila  
REGISTERED

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 6  
(Month) (Day)17. I HEREBY CERTIFY, that I attended deceased  
Oct 31, 1925 to Nov 6  
that I last saw Nov 6  
and that death occurred, on the date stated above, at 33  
The CAUSE OF DEATH\* was as follows:11a  
Bronchial Pneumonia  
(duration) \_\_\_\_\_ yrs. mos. 4  
CONTRIBUTORY Influenza  
(secondary) (duration) \_\_\_\_\_ yrs. mos. 618. Where was disease contracted  
if not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? none  
(Signed) Wm. P. Whetstone  
11/6 1925 (Address) 4820 Chestnut\*State the DISEASE CAUSING DEATH, or if death due to VIOLENCE (such as  
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SELF  
HOMICIDIAL. (See reverse side for additional space.)19. PLACE OF BURIAL, CREMATION OR  
REMOVAL Westminster Cemetery DATE OF BURIAL 11/11/2520. UNDERTAKER Chas. H. Dawes ADDRESS Phila.