

1. PLACE OF DEATH.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

County of PHILADELPHIA,

Township of

Registration District No. 1.

OF
Borough of

Primary Registration District No.

City of PHILADELPHIA.

(No. *4908 Cedar Ave* St.) Ward.)

File No.

Registered No. *5174*

2. FULL NAME

Louis G. Martin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED*Male* *White* *(Write the word.) Married*

6. DATE OF BIRTH

1
(Month) (Day) (Year)

7. AGE

68 yrs. *2* ds. *1* hr. *?* min. ?
If LESS than 1 day
how many..... hrs. or
..... min. ?

8. OCCUPATION

(a) Trade, profession, or
particular kind of work *Clerk*
(b) General nature of industry
business, or establishment in
which employed (or employer)

9. BIRTHPLACE

(State or Country)

*Albany N Y*10. NAME OF
FATHER*Peter Martin*11. BIRTHPLACE
OF FATHER
(State or Country)*Ireland*12. MAIDEN NAME
OF MOTHER*Jane Boltz*13. BIRTHPLACE
OF MOTHER
(State or Country)*Washington*

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

(Informant) *Charles Schmitz*(Address) *4908 Cedar Ave*

15.

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

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 24 191*2*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 20, 1912, to Feb. 24, 1912.
That I last saw him alive on *Feb. 22, 1912.*and that death occurred, on the date stated above, at *8:30 P.* M.

The CAUSE OF DEATH* was as follows:

*Acute Cardiac dilatation*Contributory
(SECONDARY.)In deaths of children under 2 years of age,
state if Breast Fed or Artificially Fed.(Signed) *R. H. Hucheloth* M. D.*Feb. 25, 1912* (Address) *4837 Bellvue Ave**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 yrs. mos. ds. In the
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

DATE OF BURIAL

Next Laurel Hill *Feb 28th* 191*2*

20. UNDERTAKER

ADDRESS

L. N. Rule 4812 Woodland Ave