

PLACE OF DEATH

COUNTY OF PHILADELPHIA

CERTIFICATE OF DEATH

TOWNSHIP OF

REGISTRATION DISTRICT NO. 1.

FILE NO.

OR
BOROUGH OF

PRIMARY REGISTRATION DISTRICT NO.

REGISTERED NO.

CITY OF PHILADELPHIA.

(No. *2001 Brandywine St.* WARD) *15*4060
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

2. FULL NAME

Enoch Babley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED WIDOWED OR DIVORCED *Single*
(Write the Word)6. DATE OF BIRTH
(Month) (Day) (Year)
*1*7. AGE *47* yrs. mos. ds. If LESS than 1 day how many hrs. or min.?8. OCCUPATION
(a) Trade, profession, or particular kind of work *None*
(b) General nature of industry business, or establishment in which employed (or employer)9. BIRTHPLACE (State or Country) *New Jersey*10. NAME OF FATHER *Henry Babley*11. BIRTHPLACE OF FATHER (State or Country) *U.S.A.*12. MAIDEN NAME OF MOTHER *Elizabeth Babley*13. BIRTHPLACE OF MOTHER (State or Country) *U.S.A.*

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

(INFORMANT) *Raymond Klison*(ADDRESS) *2001 Brandywine St.*15. *Nora R. Dardoff*

FILED FEB 13 1915

LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *2-17* 1915
(Month) (Day) (Year)17. I HEREBY CERTIFY, THAT AN INQUEST WAS HELD UPON THE BODY OF THE ABOVE NAMED DECEASED ON THE *FEB 18 1915* DAY OF *1915*; THAT THE JURY RENDERED A VERDICT GIVING THE CAUSE OF DEATH AS FOLLOWS:*Chronic Endocarditis*
(19)
Wm R. Knight Jr. CORNER
19 (ADDRESS)

*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 HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos.

Where was deceased contracted, If not at place of death?

Former or usual residence Ward

19. PLACE OF BURIAL OR REMOVAL *Greenmount Cem.* DATE OF BURIAL *Feb. 20 1915*20. UNDERTAKER *George J. Fox* ADDRESS *325 Green St.*