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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

FILE
Registered No. 100 249

1. NAME OF DECEASED
(or Part) **WILLIAM FRANKLIN CREE**

2. DATE AND HOUR OF DEATH
Nov. 7, 1942 **2:00 P. M.**

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **PA** B. COUNTY **NORTH'D.**

C. CITY OR TOWN (If outside city limits, write RURAL and give township)
SUNBURY

D. STREET ADDRESS (If rural, give location)
1073 E. MARKET ST.

5. SEX **M** 6. RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **MARRIED**

8. DATE OF BIRTH **OCT. 23, 1882** 9. AGE (In years last birthday) **60**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CASHIER OF BANK** 11. BIRTHPLACE (State or foreign country) **FIRST NAT'L, SUNBURY, PA.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **DO NOT KNOW** 14. MOTHER'S MAIDEN NAME **ANNA**

15. Was deceased ever in U. S. Armed Forces? (Even if unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **-**

17. INFORMANT **JOHN F. CREE, 1073 MARKET ST. SUNBURY, PA.**

18. CAUSE OF DEATH

(A) **CORONARY OCCLUSION** 9 HRS.

(B) **MYOCARDIAL DEGENERATION** 3 Mos.

(C) **INTESTINAL TOXAEMIA** 3 Mos.

INTERVAL BETWEEN ONSET AND DEATH

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

20. ANTECEDENT CAUSES

DISEASES OR CONDITIONS if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. DATE OF OPERATION 23. CONDITION FOR WHICH OPERATION WAS PERFORMED 24. AUTOPSY? (Yes or No) **-** 25. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (only medical examined)

27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

29. TIME OF INJURY (Specify) 30. INJURY OCCURRED While At Work Not While At Work 31. HOW DID INJURY OCCUR?

32. I certify that (I) (this hospital) attended the deceased from 19... to 19... that (I) (we) last saw the deceased alive on 19... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

33. SIGNATURE **JOHN W. McDONNELL** M.D. Attending Phys. Med. Director Staff Phys. 34. DATE SIGNED **11-9-42**

35. PHYSICIAN'S NAME (Type) **JOHN W. McDONNELL** M.D. 36. ADDRESS **SUNBURY, PA.**

37. BURIAL CREATION, REMOVAL (Specify) **BURIAL** 38. DATE **11-10-42** 39. NAME OF CEMETERY OR CREMATORY **POMERET MANOR CEM. SUNBURY PA.** 40. LOCATION (City, town, or county) (State)

41. DATE REC'D BY HEALTH DEPT. **Nov. 11, 1942** 42. NAME OF REGISTRAR **GRACE A. BASTIAN** 43. FUNERAL DIRECTOR **SHIPMAN BROS., SUNBURY, PA.** ADDRESS

MEDICAL CERTIFICATE

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