

4878

STATE OF DELAWARE 2149  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 1108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH  
County New Castle  
Hundred Wilmington  
or  
Village \_\_\_\_\_  
or  
City Wilmington

No. Del Hospital St., 73 Ward

2 FULL NAME William Day

30

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH \_\_\_\_\_, 1867  
(Month) (Day) (Year)

7 AGE 56 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If less than 1 day, ..... hrs. or, ..... min. 1

8 OCCUPATION Store-keeper  
(a) Trade, Profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) Cigar

9 BIRTHPLACE (State or country) Penna.

PARENTS  
10 NAME OF FATHER William Day  
11 BIRTHPLACE OF FATHER (State or country) Penna.  
12 MAIDEN NAME OF MOTHER Elizabeth McNamee  
13 BIRTHPLACE OF MOTHER (State or country) Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. M. Flood  
(Address) N.E. cor 7 & Latimer

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Aug. 16, 1923  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, THAT AN INQUEST WAS HELD UPON THE BODY OF THE ABOVE NAMED DECEASED ON THE Pending DAY OF \_\_\_\_\_ 1923; THAT THE JURY RENDERED A VERDICT GIVING

THE CAUSE OF DEATH AS FOLLOWS:  
Diabetes  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
Secondary \_\_\_\_\_

(Signed) Wm. G. Taylor Coroner  
Aug. 17, 1923 (Address) County Bldg.

\* 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. In the 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, 209 N. Rodney  
If not at place of death? Same  
Former or usual residence \_\_\_\_\_

15  
Filed, \_\_\_\_\_ 19\_\_\_\_  
AUG 17 1923  
Filed, \_\_\_\_\_ 19\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Cathedral Cem. DATE OF BURIAL Aug. 20, 1923

20 UNDERTAKER D. J. Talbot ADDRESS 110 W. 7th

MARGIN RESERVE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. EXACT statement of OCCUPATION is very important.