



# DEATH CERTIFICATE

CITY OF PHILA. • DEPT. OF RECORDS  
CITY ARCHIVES  
401 CITY HALL ANNEX, PHILA., PA. 19107

No 14910

INFORMATION NOT LISTED DOES NOT APPEAR ON ORIGINAL RECORD.

FULL NAME OF DECEASED (First)			(Middle)	(Last)
Washington			Fayette	Fulmer
ADDRESS (Street and Number)				
3136 North Rosewood				
SEX	RACE	MARITAL STATUS	DATE OF BIRTH (Mo., Day, Yr.)	AGE
M	W	Married	June 15, 1840	67 Yrs. 5 Mos. 23 Days
OCCUPATION			BIRTHPLACE	
Water Department			Philadelphia	
NAME OF FATHER			BIRTHPLACE	
Michael Fulmer			Philadelphia	
MAIDEN NAME OF MOTHER			BIRTHPLACE	
Sarah Pedrick			New Jersey	
DATE OF DEATH		CAUSE OF DEATH		
December 8, 1907		Acute Gastric Indigestion		
NAME OF PHYSICIAN			ADDRESS	
Frank C. Hammond			1419 Tioga Street	
PLACE OF BURIAL OR REMOVAL				BURIAL DATE
Fernwood				Dec. 12, 1907
UNDERTAKER			ADDRESS	
C.R. Hantranft			3621 Germantown Avenue	
INFORMANT			ADDRESS	
-----			-----	

I hereby certify the above to be a correct copy of a Death Certificate filed in this office.

DEC 13 1907  
(Date Issued)

COMMISSIONER OF RECORDS  
(Registrar)

2-158 (Rev. 6/82)

## RECORD OF A DEATH IN PHILADELPHIA.

30094

### PHYSICIAN'S CERTIFICATE.

Full Name of Deceased, Washington Fayette Fulmer

Sex, Male Color, White State if  Chinese  Japanese  Indian

Single, Married, Married State if  Widow  Widower  Divorced

Date of Birth { Year, 1840 Date of Death { Year, 1907 Age, { Years, 67  
 Month, June Month, October Months, 5  
 Day, 15 Day, 8 Days, 23

(If age is less than one day, give hours.)

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTER-LINED, CORRECTED or ALTERED, as all such changes impair its value as a public record.

I HEREBY CERTIFY, That I attended deceased from October 6 1907 to October 8 1907, that I last saw him alive on October 8 1907, and that death occurred, on the date stated above at 8.45 P.M. The CAUSE OF DEATH was as follows:

Chief, Acute Gastric Indigestion DURATION, about an hour  
 Contributing, Hypertrophy of Left Ventricle with acute dilatation unknown  
 Mos. Days Mos. Days

This Certificate must not be issued for any other purpose than as a report to the Board of Health. Should the Physician issue a duplicate, it must be distinctly marked "Duplicate," and state why issued.

Signed, Frank C. Hammond M. D.  
Residence, 1419 Tioga Street

### UNDERTAKER'S CERTIFICATE.

Occupation, Water Dept Place of Birth, Phila  
 (Give occupation for all persons 14 years of age and over)

Birthplace of Father, Phila Birthplace of Mother, N.J.

Name of Father, Michael Fulmer

Maiden Name of Mother, Sarah Pedrick

Last Place of Residence (This need only be given when it is other than the place of death.)

Place of Death, Street and No. 3136 N Rosewood  
38th

Ward, wherein death occurred, " "

Buried from, Street and No. " "

Date of Burial, Dec 12th

Place of Burial, Fernwood

C.R. Hantranft Undertaker.  
Residence, 3621 Germantown Ave

This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.