

1 PLACE OF DEATH

STANDARD DEATH CERTIFICATE
DELAWARE

X

County New Castle
Hundred Wilmington
or
Village Wilmington
or
City Wilmington

Registered No. _____

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

2 FULL NAME

No. 415 Jefferson St., 10 WardFrank Bernard Lafferty

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH May 4 1854
(Month) (Day) (Year)7 AGE 56 yrs. _____ mos. _____ ds.
If less than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Hotel Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Delaware10 NAME OF FATHER John V Lafferty11 BIRTHPLACE OF FATHER (State or country) Pa12 MAIDEN NAME OF MOTHER Susan A. Tweedy13 BIRTHPLACE OF MOTHER (State or country) Del

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth V. Lafferty
(Address) Wilmington Del

15 Filed, _____, 191 _____

REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 8, 1910
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____, 191 _____, to _____, 191 _____,
that I last saw him _____ live on _____, 191 _____,

and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH * was as follows:

Heart Disease

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory excessive fat
Secondary

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Thomas J. Gaylor M.D.
279, 1910 (Address) Del Delaware

* 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 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

Wil Henry Cem2/11, 1910

20 UNDERTAKER

ADDRESS

James T. Chandler Wilmington, Del