

Penn.  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51273

BIRTH NO. \_\_\_\_\_  
M.E. CASE NO. \_\_\_\_\_  
1. NAME OF DECEASED (Type or Print) **DEAN DONNELL STURGIS** 2. DATE AND HOUR OF DEATH **JUNE 4, 1950 | 5:27 A.M.**

3. PLACE OF DEATH IN BALTIMORE, MARYLAND  
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **UNIONTOWN HOSP. UNIONTOWN, PA.**  
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **PA.** B. COUNTY **FAYETTE**  
C. CITY OR TOWN (If outside city limits, write RURAL and give township) **UNIONTOWN**  
D. STREET ADDRESS (If rural, give location) **18 BARTON MILL RD.**

5. SEX **M** 6. RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **MARRIED** 8. DATE OF BIRTH **12-1-1892** 9. AGE (In years last birth-day) **57** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ATTORNEY** 11. BIRTHPLACE (State or foreign country) **KANSAS** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **WM. J. STURGIS** 14. MOTHER'S MAIDEN NAME **MAUDE DONNELL**  
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **MARTHA A. STURGIS, 18 BARTON MILL RD UNIONTOWN, PA.**

18. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **FUNGUS INF. OF LUNG**  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
INTERVAL BETWEEN ONSET AND DEATH **4 MOS.**  
(A) DUE TO **ACUTE COR PULMONALE, SEC 24 HRS.**  
ANTECEDENT CAUSES **TO ABOVE**  
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT **SQUAMOUS CELL CARCINOMA OF LEFT CHEEK, GRADE II** 8 MOS.

19A. DATE OF OPERATION \_\_\_\_\_ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED \_\_\_\_\_ 19C. AUTOPSY? (Yes or No) **YES** 19D. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? \_\_\_\_\_  
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_  
21E. TIME OF INJURY (A.M./P.M.) (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21F. INJURY OCCURRED \_\_\_\_\_ 21G. HOW DID INJURY OCCUR? \_\_\_\_\_  
White  Not White   
Work  At Work

22. 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.  
23A. SIGNATURE \_\_\_\_\_ M.D. Attending Phys.  Med. Director  Staff Phys.  23B. DATE SIGNED **6-4-50**

23C. PHYSICIAN'S NAME (Type) **JOHN B. HIBBS** M.D. 23D. ADDRESS **UNIONTOWN, PA**

24A. BURIAL CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **6-6-1950** 24C. NAME OF CEMETERY OR CREMATORY **OAK LAWN** 24D. LOCATION (City, town, or county) (State) **UNIONTOWN, PA**

25A. DATE RECD BY HEALTH DEPT. **6-6-50** 25B. NAME OF REGISTRAR **MARIE C. HOWARD** 25C. FUNERAL DIRECTOR **J. HARRY JOHNSTON, UNIONTOWN, PA** ADDRESS \_\_\_\_\_