H105 112 600M REV 2-78 (100 Cert per book) (FEE FOR THIS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH-VITAL RECORDS

| LOCAL DECISED A | DIC CEDMIETCATIO | N OF DEATH | T | | ·4564906 | |
|--|------------------------------|---------------------|---------------------|---------------------|-------------------------------------|--|
| Full Name | ohn | rification of death | | Registered No | | |
| | First | Midd | | Last | | |
| Residence 14 Rialt | o Street - Prov | idence, Rhode | sland - 029 | 08 | | |
| Numbe | r Street | City or | Town | County | State | |
| Place of Death | Montgomery | | Gladwyn | | Pennsylvania | |
| ocavi, | County | | City, Boro | ugh or Township | Pennsylvania | |
| Sex | Male | _Date of Death Se | | | | |
| Date of Birth | , 1902 Birthplace | | | Marital Status | Widower | |
| Social Security No. 03 | 8–12–6249 o | Rail Engi | road ineer vete | rah's Serial No | No | |
| MEDICAL CERTIFICAT Part I: Death was cause | | | | | Interval Between Onset and Death | |
| Immediate Cause (a) | Pulmon | ary Edema | | | 6 Hours | |
| Due To (b) | Aspira | tion Pneumonia | 3 | | 24 Hours | |
| Due To (c) | Gastri | c Adenocarcino | oma | | 18 Months | |
| PART II. OTHER SIGN Part I (a) | NIFICANT CONDITIO | NS: contributing to | leath but not rela | ated to the imm | ediate cause given in | |
| | | | | | | |
| Accident, Suicide or Hor | micide | How did | injury occur | | | |
| | | | | | | |
| Name and Title of Person Who Certified Cause of I | n Death (M.D., D.O., Coro | ner, M.E.) | William B | . Dickerser | n, D. O. | |
| Address 1133 Clu | b House Road | | G1 | adwyn, Pa. | | |
| This is to certify that t as Local Registrar. The o | | | from an original of | | | |
| T. A. | IN OF PER | wil | Uam Q 1 | 10 Mahr | 46-425 District No. | |
| | | 325 We | st 11th Aver | rue - Consho | hocken, Pa. | |
| 3 | | Stree | t Address | | orough, Township | |
| THE WAY | | | | ed by Local Registr | ar | |