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Date

No.

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P. L. 304, approved by the General Assembly, June 29, 1953.

(Fee for this certificate, \$1.00)

C. L. Wilbar Jr

C. L. Wilbar, Jr., M. D.
Secretary of Health
Harrisburg, Pennsylvania

HVS-20143 REV. 11-59 LOCAL REG NO. 80 22606

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

PRIMARY DIST. NO.

1. DEATH OCCURRED IN: a. County **Phila.** b. City or borough **Philadelphia**

c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)

d. Full Name of Hospital or Institution (If not in hospital, give street address) **1615 Solly Ave.**

2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number **1615 Solly Ave.**

b. Post Office, Zone, and State **Phila. 15, Pa.**

3. VETERAN Yes NO

a. Which War b. Serial No.

4. NAME OF DECEASED (Type or print) a. (First) **MARY** b. (Middle) **E.** c. (Last) **STEWART**

5. DATE OF DEATH (Month, Day, Year) **Nov. 19, 1961**

6. WHERE DID DECEASED ACTUALLY LIVE? a. State **Penna.** b. County **Phila.** c. Did deceased live in a township? Yes, deceased lived in township **Philadelphia** city or borough No, deceased lived within actual limits of

7. SEX **Female** 8. COLOR OR RACE **White** 9. MARRIED NEVER MARRIED WIDOWED DIVORCED

10. DATE OF BIRTH **Mar. 20, 1882** 11. AGE (In years last birthday) **79** If under 1 year: Months Days If under 24 hours: Hours Min.

12. USUAL OCCUPATION (even if retired) **Housewife** 13. SOCIAL SECURITY NO. **---** 14. BIRTHPLACE (State or foreign country) **Ireland** 15. CITIZEN OF WHAT COUNTRY? **USA**

16. FULL NAME OF SPOUSE **John Stewart dec'd.** 17. MOTHER'S MAIDEN NAME **Frances Ballantine**

18. FATHER'S NAME **Alexander Harkness** 19. INFORMANT'S NAME AND ADDRESS **Isabelle Oldham 1615 Solly Ave. Phila**

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART I. Death was caused by:

IMMEDIATE CAUSE (a) **Carcinoma of Colon**

DUE TO (b) **Generalized Metastasis**

DUE TO (c)

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

21. WAS AUTOPSY PERFORMED? Yes No

INTERVAL BETWEEN ONSET AND DEATH **9 mos.**

22. a. ACCIDENT Yes No 22. b. DESCRIBE HOW ACCIDENT OCCURRED

22. c. TIME OF ACCIDENT Hour Month Day Year m. E.S.T.

22. d. ACCIDENT OCCURRED While at work Not while at work 22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)

22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at **6:46P** m., E.S.T.

a. Signature **Charles M. Semisch** b. Address **5329 Rising Sun Ave.** Date signed **11/20/1961**

24. a. BURIAL CREMATION REMOVAL 24. b. DATE **Nov. 25, 1961** 24. c. NAME OF CEMETERY OR CREMATORY **Hillside Cemetery** 24. d. LOCATION (City, Boro., Twp., & County) (State) **Roslyn, Montg. Co., Pa.**

25. REGISTRAR'S SIGNATURE **Joseph J. ...** 25. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR **... 219 W. Labor Road Phila. 20, Pa.**