

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Philadelphia Registration District No. 51

Township of

or Borough of

or City of

File No. 13158

Registered No. 2440

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

Ward 15

2. FULL NAMES Mr. Joseph Theresa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR FORCED (write the word) Married

5a. If married, widowed or divorced, name of husband or wife Mr. Joseph Theresa

6. DATE OF BIRTH (month, day and year) Jan 17 - 1886

7. AGE 73 Years 6 Months 6 Days IF LESS than 1 day... hrs. or... min.

8. OCCUPATION OF DECEASED Trunkmaker

9. BIRTHPLACE (City or town) (State or country) New York State

10. NAME OF FATHER Stoney

11. BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12. NAME OF MOTHER (State or country) Unknown

13. BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14. Informant (address) Ella M. Duncan 1135 Spruce St

15. Filed JAN 25 1929 REGISTRAR. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 23 (Month) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, that I last saw h. alive on Jan 22, 1929 and that death occurred, on the date stated above, at 2309...m. The CAUSE OF DEATH* was as follows:
Influenza

CONTRIBUTORY acute pneumonopharyngitis

18. Where was disease contracted if not at place of death? 116-128 yrs. 20 mos. 10 ds.

Did an operation precede death? No Date of

Was there an autopsy? No Chrysgail

What test confirmed diagnosis? Jan 23 1929 (Address) 718 N 20th, M. D.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, AND (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Washington Cemetery DATE OF BURIAL 1/26 1929

20. UNDERTAKER Barker & Smith ADDRESS 829 N. 20th St

MARGIN RESERVED FOR BINDING
TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.