

636

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

6758

1 PLACE OF DEATH
County of Juniata
Township of Fayette
or
Borough of
or
City of

Registration District No.

File No.

Primary Registration District No. 34-02-83

Registered No. 2

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

2. FULL NAME David Charters
(a) Residence, No. Oakland Mills Pa St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH January 22 1932
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Charters

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Jan 22 1932, that I last saw him alive on Jan 21 1932, and that death occurred, on the date stated above, at 4:20 P. m.

6. DATE OF BIRTH (month, day, and year) April 21 1843
7. AGE Years 88 Months 9 Days 1 IF LESS than 1 day hrs. or min.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis and Intermittent nephritis
(duration) 5 yrs. mos. days

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (Secondary) (duration) yrs. mos. days

9. BIRTHPLACE (city or town) Penna (State or Country)

18. Where was disease contracted If not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) D. G. Heading M. D. D. O. Jan 23 1932 (Address) McAlister St

10. NAME OF FATHER Joseph Charters
11. BIRTHPLACE OF FATHER (city or town) Penna (State or Country)

MAIDEN 12. NAME OF MOTHER Susan Dorst
13. BIRTHPLACE OF MOTHER (city or town) Penna (State or Country)

14. Informant William Charters (Address) Oakland Mills Pa

19. PLACE OF BURIAL, CREMATION OR REMOVAL Lost Creek Menonite DATE OF BURIAL Jan 26 1932

15. Filed Jan. 25 1932 D. M. Crawford Registrar

20. UNDERTAKER Karl B. Guss ADDRESS Wifflintown Pa

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK— THIS IS A PERMANENT RECORD
OF DEATH. Every item of information should be carefully supplied. 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.