

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

638

58591

PLACE OF DEATH

Registration
District No.

File No.

Primary Registration
District No. 34-02-83

Registered No. 34

[If death occurred in
a Hospital or Institu-
tion give its NAME in-
stead of street, and num-
ber.]1
County of Juniata
Township of Jayette
or
Borough of
or
City of2. FULL NAME May Katharine Charters
(a) Residence, No. 9 Oakland Mills St. Pa 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED (write the word) Widowed16. DATE OF DEATH June 7 1932
(Month) (Day) (Year)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Charters17. I HEREBY CERTIFY, That I attended deceased from
April 2....., 1932. to June 7....., 1932..
that I last saw her.. alive on June 7....., 1932..
and that death occurred, on the date stated above, at 3:50 P.m.6. DATE OF BIRTH (month, day, and year) January 13 1855
7. AGE Years Months Days IF LESS
than 1 day
77 | 4 | 24 | hrs.
or.... min.The CAUSE OF DEATH* was as follows:
Arteriosclerosis & Myocarditis
.....
..... (duration) yrs. mos. days8. OCCUPATION OF DECEASED
(a) Trade, profession, or
particular kind of work Housekeeper
(b) General nature of industry,
business or establishment in
which employed (or employer)
(c) Name of employerCONTRIBUTORY
(Secondary)
..... (duration) yrs. mos. days9. BIRTHPLACE (city or town)
(State or Country) Penna.18. Where was disease contracted
If not at place of death?10. NAME OF FATHER Benjamin Brown

Did an operation precede death? Date of

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Penn. Know

Was there an autopsy?

12. NAME OF MOTHER Maria Bushey

What test confirmed diagnosis?

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Penna.(Signed) J. B. Headings M. D.
June 8..... 1932 (Address) McAlister St. Pa14. Informant William Charters
(Address) Oakland Mills Pa.*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.)15. Filed June 9 1932 D. M. Crawford
Registrar19. PLACE OF BURIAL, CREMATION OR
REMOVAL Lost Creek Menzies DATE OF BURIAL June 9 193220. UNDERTAKER Carl B. Guss ADDRESS Mifflintown Pa