

Mary Jane *Martin* Wildonger

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Birth: 1851
Death: Apr. 25, 1899

Family links:

Parents:

John Martin (1824 - 1901)

Jane Elizabeth Martin (1826 - 1890)

Spouse:

John Fox Wildonger (1846 - 1899)*

*Calculated relationship

Burial:

Point Pleasant Baptist Church Cemetery

Point Pleasant

Bucks County

Pennsylvania, USA

Form V. S. No. 5-50M-1-8-14.

1. PLACE OF DEATH.

County of Bucks
 Township of Plumsted
 or
 Borough of _____
 or
 City of 99 (No. _____ St., _____ Ward.)

CERTIFICATE OF DEATH

Registration District No. 262
 Primary Registration District No. 2246

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

File No. 57912
 Registered No. 115-

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

2. FULL NAME Mrs. Wildonger

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH Feb. 7th 1872
(Month) (Day) (Year)

7. AGE 42 yrs. 4 mos. 16 ds. 16 If LESS than 1 day how many.....hrs. ormin.?

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

9. BIRTHPLACE (State or Country) Bucks Co. Pa.

10. NAME OF FATHER John F. Wildonger

11. BIRTHPLACE OF FATHER (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Mary Jane Mattern

13. BIRTHPLACE OF MOTHER (State or Country) New Jersey

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wildonger
 (Address) Point Pleasant, Pa.

15. Filed 6/25/14 1914 C. H. Wickham
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 23rd 1914
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1914 to June 23rd 1914, that I last saw him alive on June 23rd 1914, and that death occurred, on the date stated above, at 1:45 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 28 mos. ds.

Contributory (Secondary) _____ (Duration) yrs. mos. ds.

(Signed) Willis Walter M. D.

June 23rd 1914 (Address) Point Pleasant, Pa.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At Place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, If not at place of death?

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Point Pleasant Pa Cemetery DATE OF BURIAL June 27th 1914

20. UNDERTAKER Peter W. Becker ADDRESS Pipersville Pa

PARENTS