

## CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

54335

1. PLACE OF DEATH  
County of Lebanon  
Township of S. Londonderry  
or  
Borough of .....Registration  
District No. 623Primary Registration  
District No. 2896

File No. ....

Registered No. 53(If death occurred in  
a Hospital or Institu-  
tion give its NAME in-  
stead of street and  
number.)2. FULL NAME Barbara P. Meckley  
(a) Residence. No. Campbelltown 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 5 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED (write the word) widowed5a. If married, widowed, or divorced  
HUSBAND of Isaac G. Meckley  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 19, 18507. AGE Years Months Days IF LESS  
78 0 8 than 1 day  
..... hrs.  
or ..... min.8. OCCUPATION OF DECEASED Housewife  
(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry,  
business or establishment in  
which employed (or employer)  
(c) Name of employer9. BIRTHPLACE (city or town) mt. joy  
(State or Country) Lebanon County10. NAME OF FATHER John Roll11. BIRTHPLACE OF FATHER (city or town) mt. joy  
(State or Country) Lebanon Co.12. NAME OF MOTHER Anna Ritter13. BIRTHPLACE OF MOTHER (city or town) Manheim  
(State or Country) Lebanon Co.14. Informant J. M. Greber  
(Address) Lawn, Pa.15. Filed May 29, 1928 J. R. Engle  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27th 1928  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from  
June, 1927 to May 27, 1928  
that I last saw her alive on May 27, 1928  
and that death occurred, on the date stated above, at 6-40 P m.  
The CAUSE OF DEATH\* was as follows:Chronic Disease of Uterus & ovaries  
90-91 yrs. .... mos. .... days  
CONTRIBUTORY Atherosclerosis  
(Secondary) (duration) .... yrs. .... Mos. .... days18. Where was disease contracted Home  
if not at place of death?Did an operation precede death? no Date of .....Was there an autopsy? noWhat test confirmed diagnosis? Microscopic(Signed) M. G. Pissin, M.D.May 28, 1928 (Address) Campbelltown Pa.\*State the DISEASE CAUSING DEATH, or in death 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 Meodale DATE OF BURIAL  
May 31, 192820. UNDERTAKER C. L. Arnold ADDRESS  
Lebanon

(OVER)

MARGIN RESERVED FOR BINDING  
RECORDS PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

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