

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

(Fee for this certificate, \$3.00)

Charles Hardester
 Charles Hardester
 State Registrar

WARNING: It is illegal to duplicate this copy by photostat or photograph.

OCT 06 1994

Date

030994

No.

MARCH RESERVED FOR BINDING
 THIS PLAINLY WRITTEN WITH FADING INK - THIS IS A PERMANENT RECORD
 OF DEATH IN plain terms, so that it may be properly understood. Exact Statement of OCCURRENCE is very important.
 See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH							
1. PLACE OF DEATH Country of <i>North</i> Township of <i>Mt Carmel</i> Borough of <i>Mt Carmel</i> City of				CERTIFICATE OF DEATH Registration District No. Primary Registration District No. <i>49-00501</i>				COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS File No. <i>11564</i> Registered No.			
2. FULL NAME <i>Edward H. Kessler</i> (a) Residence, No. <i>15 N. Chest.</i> (Usual place of abode) Length of residence in city or town where death occurred				St. <i>2</i> Ward. (If nonresident give city or town and State) (If of foreign birth)				(If death occurred in a hospital or institution give its NAME in place of street and number.)			
3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Married</i>		16. DATE OF DEATH <i>1994 9 9</i> (Month) (Day) (Year)							
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mary Jones</i>				17. I HEREBY CERTIFY That I attended deceased and that I was with him alive on <i>8/9/94</i> and that death occurred, on the date stated above, at <i>Mt Carmel, Pa.</i> The CAUSE OF DEATH was as follows: <i>Acute Myocardial Infarction</i>							
8. DATE OF BIRTH (month, day and year) <i>5-30-1876</i>				18. Where was disease contracted <i>due to fire</i> If not at place of death							
7. AGE Years <i>52</i> Months <i>7</i> Days <i>9</i>	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Outside Foreman</i> (b) General nature of industry, business or establishment in which employed (or employer) <i>Anth. Coal Mining</i> (c) Name of employer <i>P.V. Coal Co.</i>			CONTRIBUTORY <i>178</i> (Secondary) (duration) yrs. mos. days							
9. BIRTHPLACE (city or town) <i>Lykens, Pa.</i> (State or Country)				19. PLACE OF BURIAL, CREMATION OR REMOVAL <i>Mt Carmel Cemetery</i> No. <i>76.76. Otto</i>							
10. NAME OF FATHER <i>Phillip Kessler</i>				DATE OF BURIAL <i>Jan 14, 1929</i>							
14. BIRTHPLACE OF FATHER (city or town) <i>Penna.</i> (State or Country)				ADDRESS <i>Mt Carmel</i>							
12. NAME OF MOTHER <i>Esther Wolfgang</i>				15. Informant <i>Mrs Mary Kessler</i> (Address) <i>Mt Carmel Pa.</i>							
13. BIRTHPLACE OF MOTHER (city or town) <i>Penna.</i> (State or Country)				15. Filer <i>Jan 14 1994 K M Smith</i> REGISTRAR							

(OVER)