

## Isaac Jone in the Pennsylvania, Death Certificates, 1906-1963

Name:	Isaac Jone
Gender:	Male
Race:	White
Age:	50
Birth Date:	abt 1886
Birth Place:	Loucis Countyunty Towa Sovris County
Death Date:	11 Dec 1936
Death Place:	Hupnstrin, Northumberland, Pennsylvania, USA
Father Name:	Jacob Jones
Spouse Name:	Junnie Zeinmerman Jones
Certificate Number:	116196

### Source Information

Ancestry.com. *Pennsylvania, Death Certificates, 1906-1963* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.

Original data: Pennsylvania (State). Death certificates, 1906–1963. Series 11.90 (1,905 cartons). Records of the Pennsylvania Department of Health, Record Group 11. Pennsylvania Historical and Museum Commission, Harrisburg, Pennsylvania.

### Description

Pennsylvania's Department of Health started keeping statewide death records on January 1, 1906. Now you can find them in this collection. [Learn more...](#)

CERTIFICATE OF DEATH

520 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH: Northumberland County of Northumberland Township of Cameron Borough of Pottsville City of Pottsville

Registration District No. 49-08-83 File No. 461 Registered No. 461

2. FULL NAME: James William Jones (a) Residence, No. 1111 (Usual Place of Abode) Length of residence in city or town where death occurred 19 yrs. mos. ds.

Ward. (If nonresident give city or town and State) St. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male 4. COLOR OR RACE: white 5. SINGLE MARRIED, WIDOWED OR DIVORCED: married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) James Zimmerman Jones

6. DATE OF BIRTH: 5-0-11 11 11 IF LESS than 1 day or hrs. min.

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

9. BIRTHPLACE (city or town) (State or Country): Pottsville, Pa.

10. NAME OF FATHER: Jacob Jones

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Pottsville, Pa. X

12. NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Pottsville, Pa. X

14. Informant: Lawrence Jones (Address) Pottsville, Pa. Registrar

15. Filled: Dec 15 1936

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec 11 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936 to Dec 11, 1936 that I last saw him alive on Dec 11, 1936 and that death occurred, on the date stated above, at 1:45 P.M. The CAUSE OF DEATH\* was as follows:

Coronary Artery Thrombosis (duration) yrs. mos. 1 days (Secondary) 946

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? (Signed) G. J. ... (Address) ... M.D. 308

\* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Lavelle Cemetery DATE OF BURIAL: Dec 15 1936

20. UNDERTAKER: Paul Bros ADDRESS: Ashland

(OVER)

M. P. - Every item of information should be carefully classified. Exact Statement of OCCUPATION is very important. See OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE MARGIN PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

Blaine W. N. Wilson Me. ... Mr. ...