

CERTIFICATE OF DEATH

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Northumberland
Township of E. Cameron
or
Borough of (Helfenstein)
or
City of

Registration
District No.

Primary Registration
District No. 49-08-83

File No.

Registered No. 46190

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

2. FULL NAME Isaac Jones
(a) Residence, No. Helfenstein St., Ward,
(Usual Place of Abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 19 yrs. mos. 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 (write the word) married

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

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days IF LESS
than 1 day
50 11 11 hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Salvager
(b) General nature of industry,
business or establishment in which
employed (or employer)
(c) Name of employer W. P. A.

9. BIRTHPLACE (city or town) Louisiana
(State or Country) Louisiana

10. NAME OF FATHER Jacob Jones11. BIRTHPLACE OF FATHER (city or town)
(State or Country) X12. NAME OF MOTHER
MAIDEN X13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) X14. Informant Laverance Jones
(Address) Helfenstein Pa15. Filled Dec 12 1936 C. Hardy Stank
Registrar

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 h. alive on Dec 11 1936
and that death occurred, on the date stated above, at 10:45 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Artery Thrombosis
(duration) yrs. mos. days

CONTRIBUTORY
(Secondary) 946
(duration) yrs. mos. days

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

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscopic

(Signed) Dr. J. H. ... M.D.
B.O.
Dec 11 1936 (Address) Helfenstein Pa

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUI-
CIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR
REMOVAL Lafayette Cemetery DATE OF BURIAL
Dec 15th 1936

20. UNDERTAKER Hull Bros ADDRESS
Ashland

(OVER)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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.

Stamm 116 w. Willow
Mc Ordister, En. Print & Spence

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