

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 OF DEATH 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.

HVS-20009

Primary  
Dist. No.COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

File No.

Registered No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

(a) County Phila  
 (b) City or borough or township Phila  
 (c) Name of hospital or institution:  
PHILADELPHIA GENERAL HOSPITAL  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or institution  
 (Specify whether

In this community  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County Phila  
 (c) City or town Phila  
 (If outside city or town limits, write RURAL)  
 (d) Street No. 1328 S. 30th ST.  
 (If rural give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ Years.

## 3. (a) FULL NAME

Edward Brogan3. (b) If U. S. Veteran, complete  
reverse side of certificate3 (c) Social Security  
No. 193-05-45254. Sex M. 5. Color or race W. 6. (a) Single, widowed, mar-  
ried, divorced single6. (b) Name of husband or wife 6 (c) Age of husband or wife  
if alive \_\_\_\_\_ years7. Birth date of deceased march 29 - 1913  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
32 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Phila Pa.  
(City, town, or county) (State or foreign country)10. Usual occupation assembler11. Industry or business Quintess Glider Co12. Name John J. Brogan13. Birthplace Phila Pa.  
(City, town, or county) (State or foreign country)14. Maiden name Sarah Long15. Birthplace Phila  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John Brogan(b) Address 1328 S. 30th St Phila17 (a) R burial (b) Date thereof Aug. 6 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holy Cross Cem18. (a) Signature of funeral director J. J. McGuire(b) Address 1346 S. 29th St Phila Pa19 (a) 8-5-45 (b) Joseph H. Jewell  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month August day 1  
year 1945 hour 6 minute 35 AM21. I hereby certify that I attended the deceased from  
2/13/45, 1945, to 8/1/45, 1945;  
that I last saw him alive on 7/31/45, 1945;  
and that death occurred on the date and hour stated  
above.Immediate cause of death Far advanced  
pulmonary tuberculosis

Due to \_\_\_\_\_

Due to 13th

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial  
place, in public place? \_\_\_\_\_  
(Specify type of place)(e) Means of injury \_\_\_\_\_  
Signature J. F. Yeman (M. D. or other)  
Address R. J. Alesh date signed \_\_\_\_\_

PHILADELPHIA GENERAL HOSPITAL