

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.

HVS-5P-650M-3-40

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No.

91994

Primary
Dist. No.

Registered No.

19249

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Philadelphia
 (b) City or borough or township Philadelphia
 (c) Name of hospital or institution: Died at home

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community Died at home years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Philadelphia
 (c) City or town: Philadelphia
 (If outside city or town, limits, write RURAL)

(d) Street No. 1328 South 30th Street
(If rural give location)(e) If foreign born, how long in U. S. A.? Born in U.S. years.

3. (a) FULL NAME

Sarah E. Brogan

3. (b) If U. S. Veteran, complete reverse side of certificate

3 (c) Social Security No.

4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John J. Brogan6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased September 30 1882
(Month) (Day) (Year)8. AGE: Years 65 Months 3 Days 3 If less than one day hr. min.9. Birthplace Philadelphia
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Housewife12. Name William Long13. Birthplace Philadelphia
(City, town, or county) (State or foreign country)14. Maiden name Sarah Kilpatrick15. Birthplace Philadelphia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Sarah E. Brogan(b) Address 1328 South 30th Street17. (a) Burial (b) Date thereof Oct. 7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holy Cross Cem.18. (a) Signature of funeral director Samuel Joseph Mulligan(b) Address 1346 S. 29th St. Phila. Pa.19. (a) 10-4-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month October day 3rd
year 1947 hour 9:30 A.M. minute21. I hereby certify that I attended the deceased from June 15, 1947, to October 3, 1947;that I last saw her alive on October 3, 1947; and that death occurred on the date and hour stated above.Immediate cause of death Cerebral EmbolismDue to Arterio Sclerosis

Other conditions (Include pregnancy within 8 months of death)

Major findings: No operationOf operations No autopsyOf autopsy No autopsy

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

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

(b) Date of occurrence Not due to such cause(c) Where did injury occur? Transitory
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury
(Specify type of place)While at work? No (e) Means of injury23. Signature Sarah E. Brogan (M. D. or other)Address 3320 Tamilla St Date signed 10/3/47

PHYSICIAN

Underline the cause to which death should be charged statistically.