

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County .. New Castle .....

Hundred .....

or .....

Village .....

or .....

City .. Wilmington .....

No. .. St. Francis Hospital .....

Registered No. .... 807 .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Ward

2 FULL NAME .. Peter F. Cassidy .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR or RACE White 5 SINGLE Married  
MARRIED WIDOWED OR DIVORCED  
(Write the word)

6 DATE OF BIRTH ....., 19...  
(Month) (Day) (Year)

7 AGE .. 54 yrs. .... mos. .... ds.  
If less than 1 day, .... hrs. or .... min.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Hotel Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Delaware

10 NAME OF FATHER Robert Cassidy

11 BIRTHPLACE OF FATHER  
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Murphy

13 BIRTHPLACE OF MOTHER  
(State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs Cassidy  
(Address) Sehensal Road

15  
Filed, ....., 19... LOCAL SUB-REGISTRAR  
Filed, ....., 19... LOCAL REGISTRAR

CERTIFICATE OF DEATH

MEDICAL Certificate of Death

16 DATE OF DEATH ....., 1929...  
(Month) (Day) (Year)  
July 9, 1929

17 I HEREBY CERTIFY, That I attended deceased from  
July 14 1925, to July 9 1929  
(Month) (Day) (Month) (Day)

that I last saw him alive on July 9, 1929,  
..... A.M.  
and that death occurred, on the date stated above, at  
8:50 P.M.

The CAUSE OF DEATH\* was as follows:  
Cerebral Hemorrhage

..... (Duration) ..... yrs. .... mos. .... ds. 11 hours

Contributory Chronic Nephritis - Arterio-  
Secondary Hypertension  
..... (Duration) ..... yrs. .... mos. .... ds. Unknown

(Signed) Laurie P. King M.D.  
July 10, 1929 (Address) 712 Washington St

\* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 1 1/2 yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted? 702 N 7  
If not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL Cathedral Cem DATE OF BURIAL 7-12, 1929

20 UNDERTAKER Daniel J. Kelly ADDRESS City

64