

J Sim

This is to certify that the following information is taken from a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

Nº 9973

Leonard Bachman
(SECRETARY OF HEALTH)

DEC 22 1976

(DATE)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

File No. 12695-22

Registered No. 4005

Primary _____
Dist. No. _____

CERTIFICATION OF DEATH

1. DEATH OCCURRED IN:		A. COUNTY		2. DECEASED'S MAILING ADDRESS:		A. STREET ADDRESS									
B. CITY OR BOROUGH		<i>Philadelphia</i>		B. POST OFFICE, STATE		<i>2528 W. York St.</i>									
C. TOWNSHIP				3. VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		B. SERIAL NO.									
4. NAME OF DECEASED		A. FIRST		B. MIDDLE		C. LAST		5. DATE OF DEATH		MONTH		DAY		YEAR	
<i>Peter</i>		<i>Pierre</i>		<i>Childs</i>				<i>2</i>		<i>15</i>		<i>22</i>			
6. SEX	7. RACE	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		9. DATE OF BIRTH		10. AGE (IN YRS. LAST BIRTHDAY)		IF UNDER 1 YR.		IF UNDER 24 HRS.					
<i>M</i>	<i>W</i>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<i>11-15-1871</i>		<i>50</i>		MONTHS		DAYS		HOURS		MIN.	
11. USUAL OCCUPATION (EVEN IF RETIRED)				12. SOCIAL SECURITY NUMBER				13. BIRTHPLACE (STATE OR FOREIGN COUNTRY)				14. CITIZEN OF WHAT COUNTRY?			
<i>Retired Base Ball Player</i>				—				<i>Pa.</i>				<i>U. S. A.</i>			
15. FULL NAME OF SPOUSE						16. MOTHER'S MAIDEN NAME									
—						<i>Pa.</i>									
17. FATHER'S NAME						18. INFORMANT'S NAME AND ADDRESS									
<i>Peter Childs</i>						<i>Mary Barclay</i>									
19. A. BURIAL				19. B. DATE		19. C. NAME OF CEMETERY OR CREMATORY				19. D. LOCATION (CITY, BORO, TWP. & COUNTY) (STATE)					
—				<i>2-20-22</i>		<i>West Laurel Hill</i>				—					
20. DATE REC'D BY REG.				21. REGISTRAR				22. NAME AND ADDRESS OF FUNERAL DIRECTOR							
<i>2-20-22</i>				<i>W. Lawrence</i>				<i>Martin Evey & Son, 2809 Diamond</i>							

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