

651

2-41-61

CERTIFICATE OF DEATH

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|--|-------------------------------|---|---------------------------------------|
| 1. COUNTY OF DEATH Allegheny | | 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Pennsylvania b. COUNTY Cambria | |
| 3. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH O'Hara Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH Scalp Level | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hosp., Aspirwall 15, Pa. | | e. LENGTH OF STAY (In this case) Since 4-5-50 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Crompton c. (Last) Crompton | | 4. DATE OF DEATH (Month) (Day) (Year) September 30, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE (Specify) Single | 8. DATE OF BIRTH Feb. 13, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | |
| 11. BIRTHPLACE (Also give State or foreign country) England | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME James Crompton (dec) | | 14. MOTHER'S MAIDEN NAME Margaret Mackie (dec) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. 165 24 1436 | |
| 17. INFORMANT'S OWN SIGNATURE <i>William S. Smith</i> | | ADDRESS Vets. Adm. Hosp. Records, Aspirwall 15, Pa. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION ACUTE BRONCHOPNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 12 hrs. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) WITH PULMONARY EDEMA | | DUE TO (b) Secondary Anemia of Unknown Cause | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) Nephritis | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm; factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21e. INJURY OCCURRED White at Work <input type="checkbox"/> Not White at Work <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from April 5, 1950 to Sept. 30, 1950 that I last saw the deceased alive on Sept. 30, 1950 and that death occurred at 5:35 a.m., E.S.T. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>R. F. Smith</i> M.D. or other | | 23b. ADDRESS VA Hosp., Aspirwall 15, Pa. | |
| 23c. DATE SIGNED Sept. 30, 1950 | | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) Removal | | 24b. DATE Sept. 30, 1950 | |
| 24c. NAME OF CEMETERY OR CREMATORY Richland Cemetery | | 24d. LOCATION (Town, township and county) (State) Johnstown, Cambria, Pennsylvania | |
| DATE REC'D BY LOCAL REG. Sept. 30, 1950 | | REGISTRAR'S SIGNATURE <i>George H. Jones</i> | |
| 25. SIGNATURE OF FUNERAL DIRECTOR <i>Lloyd A. Shank</i> | | ADDRESS Windber, Penna. | |