

2876/61.

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## 1. PLACE OF DEATH.

County of Allegheny

## CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

32010

Township of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

or

Primary Registration District No. \_\_\_\_\_

Registered No. 3205

Borough of \_\_\_\_\_

or

City of Pittsburgh (No. 6681 Woodwell St., 13th Ward.)[If death occurred in a  
Hospital or Institution,  
give its NAME instead  
of street and number.]

## 2. FULL NAME

Nancy Jordan

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED Married  
(Write the word.)16. DATE OF DEATH March 1 1920  
(Month) (Day) (Year)6. DATE OF BIRTH Feb 14 1879  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from  
Feb 20 1920, to March 1 1920  
that I last saw him alive on March 1 1920,7. AGE 47 yrs. 16 mos. 16 days  
If LESS than 1 day  
how many ..... hrs. or  
..... min. ?and that death occurred, on the date stated above, at 10 A.M.  
The CAUSE OF DEATH\* was as follows:8. OCCUPATION  
(a) Trade, profession, or  
particular kind of work Works Westinghouse  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Electrical Co.Pneumonia Loth  
920 (Duration) yrs. mos. 10 ds.9. BIRTHPLACE  
(State or Country) Pittsburgh Pa.Contributory  
(Secondary) (Duration) yrs. mos. ds.10. NAME OF FATHER Daniel Jordan(Signed) A. K. Marheiney M. D.11. BIRTHPLACE  
OF FATHER  
(State or Country) CanadaMarch 1, 20 (Address) 1105 East Howard Street  
Pitt12. MAIDEN NAME  
OF MOTHER Annie Bromely\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)  
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.13. BIRTHPLACE  
OF MOTHER  
(State or Country) Ireland18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran-  
sients or Recent Residents).

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

At Place of death yrs. mos. ds. In the State yrs. mos. ds.

Informant Mrs Harry J. Jordan  
(Address) 6681 Woodwell St.Where was disease contracted,  
If not at place of death?15. MAR 3 1920  
led D. Crawford  
191 Local RegistrarFormer or  
usual residence.19. PLACE OF BURIAL OR REMOVAL Calvary Cemetery DATE OF BURIAL March 4 192020. UNDERTAKER J. F. Hannum Bros ADDRESS 514 Grant St.