

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of

or
Borough of

City of PHILADELPHIA.

Registration District No. 1.

Primary Registration District No.

Hospital
or
Institution.

File No.

Registered 21338

2. FULL NAME

William H.annon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED widow

(Write the words)

6. DATE OF BIRTH

..... (Month) (Day) (Year) 1

7. AGE

65 yrs. - mos. - ds. If LESS than 1 day
how many.....hrs. or
.....min.?

8. OCCUPATION

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

9. BIRTHPLACE

(State or Country) New York10. NAME OF FATHER Pat Lannon11. BIRTHPLACE OF FATHER (State or Country) Ireland12. MAIDEN NAME OF MOTHER M. Murphy13. BIRTHPLACE OF MOTHER (State or Country) Ireland

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

(Informant) A. Coates(Address) Phil. Hoop

15.

Filed.....191.....

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

8 19 1910
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-1 1910 to 8-19 1910
that I last saw hm alive on 8-18 1910and that death occurred, on the date stated above, at 240 R M.
The CAUSE OF DEATH* was as follows:Hemiplegia 81

(Duration)..... yrs. mos. ds.

Contributory (SECONDARY)

Atherosclerosis

(Duration)..... yrs. mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed,

(Signed) Robert H. Kelly M. D.119 19 10 (Address) Phil. Hoop

*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 AND INSTITUTIONS.)

At place of death..... yrs. 1 mos. 12 ds. 12 In the State..... yrs. mos. ds.

Where was disease contracted,

If not at place of death?.....

Former or usual residence 207 Oaly St. Ward 39

19. PLACE OF BURIAL OR REMOVAL

Holy Cross

DATE OF BURIAL

Aug 22 1910

20. UNDERTAKER

A. J. Murphy

ADDRESS

Phil. Hoop