

CERTIFICATE OF DEATH

Registered No. 108 807

1. NAME OF DECEASED Type or Print WILLIAM J. LOAN		7. DATE AND HOUR OF DEATH 11-12-66 1:00 A.M.	
2. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When deceased lived. If the usual residence is a store, apartment, etc.) A. STATE PA. B. COUNTY DEL.	
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 127 E. SPRINGFIELD RD. SPRINGFIELD, PA.		C. CITY OR TOWN (If outside city limits, write RURAL and give township) SPRINGFIELD	
6. RACE W CAUC		D. STREET ADDRESS (If rural, give locality) 127 E. SPRINGFIELD RD.	
8. USUAL OCCUPATION (Long name of occupation, business or industry during most of working life, even if retired) RET. NAEG. REPRESENTATIVE		5. DATE OF BIRTH SEPT. 27, 1894	
9. FATHER'S NAME WILLIAM LOAN		7. AGE (In years and last birthday) 72	
10. MOTHER'S MAIDEN NAME EMMA (UNKNOWN)		11. SEX AND PLACE (State or foreign country) PHILA. PA.	
12. CHIEF OF WHAT COUNTRY? USA.		13. MOTHER'S MAIDEN NAME EMMA (UNKNOWN)	
14. ADDRESS WWT 178-07-2063		15. INFORMANT ELMYRA LOAN, 127 E. SPRINGFIELD RD.	
16. SPOUSE - ELMIRA McCLUNE		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYOCARDIAL INFARCTION IMMEDIATE	
17. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION LAST. 4201		(A) DUE TO	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO	
20. DATE OF OPERATION		(C) DUE TO	
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		22. I certify that (I) (this hospital) attended the deceased from 19... to 19... that (I) (we) last saw the deceased alive on 19... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (die not) view the body after death.	
23. PHYSICIAN'S NAME (Type) JOSEPH J. ARMOT		23B. DATE SIGNED 11/14/66	
23C. ADDRESS SPRINGFIELD, PA		23D. ADDRESS	
24. BURIAL CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL CEM.	
24B. DATE Nov 15, 1966		24D. LOCATION (City, town, or county) (State) MARPLE TWP. DEL. Co. PA.	
25. DATE REC'D BY HEALTH DEPT. 11-14-66		25C. FUNERAL DIRECTOR JAMES J. SWEENEY, CLIFTON HTS. PA	
25B. NAME OF REGISTRAR HELEN H. HARVEY		25D. ADDRESS	