

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 70645

Primary
Dist. No. 23-02-01

CERTIFICATE OF DEATH

Registered No. 508

1. PLACE OF DEATH: Delaware

1) County Delaware

2) Township _____

3) Borough _____

4) City Chester

5) Name of hospital or institution Chester Hospital
(If not in hospital or inst. write street number or location)

6) Length of stay:
In hospital or inst. _____ (g) In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna. (b) County Delaware

(c) City or town Chester, Pa.
(If outside city or town limits, write RURAL)

(d) Street No. 1025 Madison St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years.

1. (a) FULL NAME (William Lord) Carlton Lord

(b) If U.S. Veteran, complete reverse side of certificate

3. (c) Social Security No. 173-05-4519

5. Color or _____ 6. (a) Single, widowed, married, divorced Sep.

Sex Male race White

(b) Name of husband or wife Abelle 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 7, 1900

(Month) (Day) (Year)

AGE: Years Months Days If less than one day

47 7 8 hr. min.

8. Birthplace Phila. Penna.
(City, town, or county) (State or foreign country)

9. Usual occupation store clerk

10. Industry or business _____

12. Name Walter Lord

13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Willie Porter

15. Birthplace Maryland
(City, town, or county) (State or foreign country)

(a) Informant's own signature Shirley C. Smith

(b) Address 606 Chestnut St. - Wilton, Pa.

(c) Place Burial (b) Date thereof 8-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Denton County Casake State Md.

(a) Signature of funeral director A. J. Macreilly

(b) Address 815 W. 3rd St - Chester, Pa.

(a) 8-19-47 (b) Mary E. Arkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug. day 15th
year 1947 hour 2 minute 45 PM

21. I hereby certify that I attended the deceased from EST
8-10, 1947, to 8-15, 1947
that I last saw him alive on 8-15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute
hemorrhage pancreatitis

Due to _____

Due to 128

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: acute hemorrhagic
pancreatitis

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. H. Belmont, M.D. (M. D. or other) _____
Address Chester Hospital Date signed 8/17/47
Chester Pa

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.