

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		M.E. CASE NO. _____		1. NAME OF DECEASED (Type or Print) LEWIS RICHIE		2. DATE AND HOUR OF DEATH 8-15-1936 8:20 A.M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MT. ALTO SANITORIUM So. MOUNTAIN, PA.				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pa. B. COUNTY Phila. C. CITY OR TOWN (If outside city limits, write RURAL and give township) PHILA. D. STREET ADDRESS (If rural, give location) — — —			
5. SEX M	6. RACE W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	8. DATE OF BIRTH 8-23-1883	9. AGE (In years last birthday) 52	If Under 1 Yr. Months: Days: Hours: Min.	If Under 24 Hrs. Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER - P.R.R.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AMBLER, PA.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME HERRY		14. MOTHER'S MAIDEN NAME ANNE BLAKE		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS STATE SANITARIUM, So. MOUNTAIN PA					
18. I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) PULMONARY TUBERCULOSIS (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH 10 YRS.			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO 29 (C)				OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No) No.		20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME OF INJURY (Approx.) (Day) (Year) (Hour)		21E. INJURY OCCURRED While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
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 said from the causes stated above. (I) (We) (did) (did not) view the body after death.							
23A. SIGNATURE M.D. Attending Phys. <input type="checkbox"/> Med. Director <input type="checkbox"/> Staff Phys. <input type="checkbox"/> J. W. SOMERVILLE						23B. DATE SIGNED 8/15/1936	
23C. PHYSICIAN'S NAME (Print)		23D. ADDRESS M.D. So. MOUNTAIN, PA					
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE Aug. 18, 1936		24C. NAME OF CEMETERY or CREMATORY —		24D. LOCATION (City, town, or county) (State) AMBLER, PA	
25A. DATE REC'D BY HEALTH DEPT. AUG 15, 1936		25B. NAME OF REGISTRAR PAUL R. SMITH, SUB.		25C. FUNERAL DIRECTOR ADDRESS ERNEST B. NICHEL, WAYNESBORO, PA.			