Form V. S. No. 5.-A—10-26-09.

1. PLACE OF DEATH.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

County of PHILADELPHIA,
Township of .....
or
Borough of .....
or
City of PHILADELPHIA.

Registration District No. 1.
Primary Registration District No. .....

File No. .....
Registered No. 3253

(No. 1764 N. 28th St. 29 Ward.)

2. FULL NAME Samuel H. Weaver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
male	white	(Write the word.) married

6. DATE OF BIRTH: 1 (Month) 20 (Day) 1855 (Year)

7. AGE: 59 yrs. 6 mos. 12 ds. If LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pa

PARENTS

10. NAME OF FATHER: Samuel Weaver
11. BIRTHPLACE OF FATHER (State or Country): Pa
12. MAIDEN NAME OF MOTHER: Mary Stone
13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) H. H. Guthrie
(Address) 1820 Chestnut St

15. Filed FEB 4 1914 Nora R. Deardorff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 1 (Month) 1 (Day) 1914 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1908, to Feb 1 1914, that I last saw him alive on Jan 17 1914, and that death occurred, on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary.) Arteriosclerosis

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

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

(Signed) Frederick P. Wiedorf M. D.
Feb 2 1914 (Address) 2031 Diamond St

*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 TRANSIENTS OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt. Peace — DATE OF BURIAL: Feb 5 1914

20. UNDERTAKER: C. H. Bair. — ADDRESS: 1820 Chestnut St Phila

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
2. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.