m

ż

		34	
	SIS	Ė	
	S	Ŝ	
	ate	ij	
	at .	tar	
	pine	log t	
	sho	F	
	SE	Ver	
۵	5	1 18	
000	YSI	0	
3EC	프	PAT	
-		COF	
M	7	Ö	
AA	AC	0	
ER	ă	ent	
4	tod	tem	
S	sta	Sta	
S	9	act	
I	pin	ă	
Z	sho	od.	
Z	35	SIFIE	
UZ	Ā	clas	
ADI	ied.	rly	
F	ldd	edo.	
) T	ns /	Id e	
Ė	In	y b	
3	are	E	
I N	96	# 14	
4	2	tha	£9.
4	hou	. 80	fica
WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE	'H In plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Im-	s on back of certificat
3	atio	ter	وا د
	P.L	lain	lok
	Infe	ln p	n ba
	of	I	0

s CAUSE . See hr-	HVS-5D Primary 36-	04-01	COMMONWEAL DEPARTMENT BUREAU OF CERTIFIC			
hould state important.	1. PLACE OF DEAT	TH: +.				
should	(a) County Lan	reaster	- 4.			
60	(b) City, town or township. Humbra. (c) Name of hospital or institution:					
ANS very						
YSICI TON I	(If not in hospital or institution write street number or location) (d) Length of stay: In hospital or institution					
PH UPAT	In this community years, months or days)	21 ye	(Specify whether			
ACTLY of OCC	3. (a) FULL NAME.	John	Joseph W			
PERN ted EX	3. (b) If U. S. Veterar complete revers		% (c) Social Security			
state State	certificate.	Color or 6. (a)	No203=07=779.			
250	4. Sex male	Libile	ried, divorced Married			
Exa		and or wife 6.	(a) Are of bushand on wif			
Hed.	Margaret Mann 7. Birth date of decea	Walsh	if alive 57 year			
AGE		(Month)	(Day) (Year)			
ly cl		onths Days	If less than one day			
UNFA supplie proper	59	3 11	hr. mir			
sug o	9. BirthplaceNew.	town, or county)	(State or foreign country)			
WITH arefully may b	10. Usual occupation	unspector				
care it mi	11. Industry or busines	Cola.Mall	eable Castings Co			
E OF	E (12. Name Edwa:	rd Walsh				
should should is, so th tiffcate.	13. Birthplace(City,	Ireland	(State or foreign country)			
CEEL	₩ 14. Maiden name	Mary Doyl	Э			
WR nation of ce	5 15. Birthplace	Ireland				
plair	16 (0) 4000000000	Gagnature	Male or foreign country)			
- Lu	(b) Address 104	6 Lancaste:	r Ave.Columbia,Pa			
EATI	17. (a) Burial	(b) Date t	hereof Oct.3,1943			
F Di	(c) Place: burial or	cremation	Bethel Cemetery			
907			0 11170019 19.			

VS-5D PLACE OF DEATH: a) County dancas b) City, town or township. Olumn c) Name of hospital or institution: 1046 Lancaster Ave.
(If not in hospital or institution write street number or location) d) Length of stay: In hospital or institution. —
(Specify whether n this community..... years, months or days) 6. (a) FULL NAME . (b) If U. S. Veteran, complete reverse side of certificate. 5. Color or (b) Name of husband or wife 6. (c) Age of husband or wif Margaret Mann Walsh . Birth date of deceased ... June (Month) . AGE: Years Months

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

(Registrar's signature)

(c) Place: burial or cremation. Columbia Pa

(b) Address

18. (a) Signature of funeral director.

a)(b (Date received local registrar)

a make	(a) State Pannsylvania (b) County bancaster				
n:	(c) City or town Columbia				
ter Ave.	(If outside city or town limits, write RURAL)				
rite street number or location) institution.	(d) Street No. 1046 hancaster ave				
(Specify whether	(If rural give location)				
years	(e) If foreign born, how long in U. S. A.?years.				
~ Joseph Walsh					
3. (c) Social Security	MEDICAL CERTIFICATION				
se (c) Social Security	20. Date of death: Month effenker day 30				
No203-07-7799	year 1943 hour 4 minute 20				
(a) Single, widowed, mar-	21. I HEREBY CERTIFY, That an inquest was held upon the body				
ried, divorced Married.	of the above named deceased on the day of				
6. (c) Age of husband or wife	giving the cause of death as follows:				
19, 1884 years	Immediate cause of death				
h) (Day) (Year)	Coronary mombous				
ys If less than one day	V				
.1 hr. min.	Due to				
(State on foreign country)					
ty) (State or foreign country)	Due to				
lleable Castings Cor					
tileable cascings cor	Other conditions				
	Underline				
y) (State or foreign country)	Major findings: the cause to				
y) (State or foreign country)	Of operations which death				
7.T.E	Of autopsycharged sta-				
y) (State or foreign country)	tistically.				
L'IVA VAVA	22. If death was due to external causes, fill in the following:				
ter Ave.Columbia,Pa	(a) (Probably) Accident, suicide, or homicide (specify)				
ate thereof Oct. 3, 1943	(b) Date of occurrence(c) Where did injury occur?				
Mt. Bethel Cemetery	(City or town) (County) (State)				
Columbia Pa.	(d) Did injury occur in or about home, on farm, in industrial				
uneral Home	place, in public place? (Specify type of place)				
8 (P)	While at work? Means of injury 23. Signature Richard Resser acting Deput Coroner				
· W. Leunel	Address Sumbla Ga Bate signed 7-30				
(Registrar's signature)	Address Date signed 1. W.				

-43

2. USUAL RESIDENCE OF DECEASED: