

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of PHILADELPHIA,

Township of

or
Borough of

City of PHILADELPHIA,

2. FULL NAME

Registration District No. 1.

Primary Registration District No.

Hospital
or
InstitutionUniversity Hospital
Mr. A. H. Scott (Arthur Hoyt Scott)

File No. 14394

Registered No. 4645

PERSONAL AND STATISTICAL PARTICULARS

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

M W Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar. 17, 1875

7. AGE Years Months Days IF LESS than
1 day.....hrs.
or.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work
(b) General nature of industry,
business or establishment in
which employed (or employer)
(c) Name of employer

mfg.

9. BIRTHPLACE (City or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (City or town)

(State or country)

12. NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (City or town)

(State or country)

4. Informant

(Address)

5. Filed

3184

EB 28 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 26 1927
(Month) (Day) (Year)

17.

I HEREBY CERTIFY, That I attended deceased from
Feb. 2, 1927 to Feb. 26, 1927
that I last saw him alive on Feb. 26, 1927
and that death occurred, on the date stated above, at 5:30 A.M.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage
Hemiplegia
74 (duration) yrs. mos. 2 ds.CONTRIBUTORY
(SECONDARY)

Hypertension

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

C. B. Puestow, M. D.
Feb. 26 1927 (Address) University Hosp.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, AND (2) whether ACCIDENTAL, SUICIDAL, OR
HOMICIDAL. (See reverse side for additional space.)19. PLACE OF BURIAL, CREMATION
OR REMOVAL

DATE OF BURIAL

West Laurel Hill Co

Feb 28 1927

20. UNDERTAKER

ADDRESS

The Oliver H Bair Co

1800 Chestnut