HVS-5—600M—9-86

Primary Dist. No. 23-11-41

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1436

File No. 50326

CERTIFICATE OF DEATH

Registered No. 102

1. PLACE OF DEATH
County Delaware
Township
Borough Ridley Park.
City
No. Taylor Hospital St., Ward.
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)
Length of residence in city or town where death occurred ... yrs. ... mos. ... days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) MARY WILDER
Residence: No. 111 Webster St. N.W. Ward. Washington, D.C.
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 18, 1859.
7. AGE: Years 79 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ... mins.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) Greensburg Ind.

FATHER
13. NAME Jno. J. Mulder.
14. BIRTHPLACE (city or town) (State or Country) New York State.

MOTHER
15. MAIDEN NAME Martha Stuart.
16. BIRTHPLACE (city or town) (State or Country) Greensburg, Ind.

17. SIGNATURE (name and address) OF INFORMANT Edith Wilder Seale Media Pa. R.D.3.

18. BURIAL, ~~CREMATION, REMOVAL~~: Forrest Hills Cemetery Date May 31, 1938
Place Chattanooga County Hamilton State Tennessee

19. UNDERTAKER (name and address) J. Nelson Rigby Media Pa

20. FILED 5-30, 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to May 29, 1938.
I last saw her alive on May 29, 1938; death is said to have occurred on the date stated above, at 10.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	5/29/38.
72a	
97	

Other contributory causes of importance:
Generalized arteriosclerosis.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO.
If so, specify ...
(Signed) George B. Seekman M. D.
(Address) Swarthmore. ~~D. O.~~

N. B.—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.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD