

Primary Dist. No. **2370-239**

Registered No. **442**

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

1. PLACE OF DEATH a. COUNTY <i>Delaware</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Penna.</i> b. COUNTY <i>Delaware</i>	
b. CITY (If outside corporate limits, write RURAL OR BOROUGH and give township) <i>medea</i>		c. LENGTH OF STAY (In this place) <i>11 years</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Smith Memorial Home</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <i>Wallingford 23071</i>	
		d. STREET ADDRESS (If rural, give locality) <i>Brookhaven Road Rodmorden Farm</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARTHA</i> b. (Middle) <i>R.</i> c. (Last) <i>WILDER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 25, 1955</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Never married</i>	8. DATE OF BIRTH <i>6-9-1867</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>88</i>
11. BIRTHPLACE (Also give State or foreign country) <i>Rockwood, Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John T. Wilder</i>		14. MOTHER'S MAIDEN NAME <i>Martha Stuart</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S OWN SIGNATURE <i>Edith N. Scott</i>		ADDRESS <i>Wallingford, Pa.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arterio-sclerosis</i> ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>4500</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> m. E.S.T.	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/16/55</i> , 19 <i>55</i> , to <i>12/25/55</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>12/24/55</i> , 19 <i>55</i> , and that death occurred at <i>4:15 P.M.</i> , E.S.T., from the causes and on the date stated above.			
23a. SIGNATURE <i>George B. Beckman</i>		23b. ADDRESS <i>Sevartown</i>	
23c. DATE SIGNED <i>12/25/55</i>			
24a. BURIAL CREMATION REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>12-27-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Foreest Hills Cemetery</i>	24d. LOCATION (Town, township and county) (State) <i>Chattanooga, Tennessee</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>12-27-55 Helen H. Harvey</i>		25. SIGNATURE OF FUNERAL DIRECTOR ADDRESS <i>J. Nelson Righy, Medea, Pa. 1 W. Baltimore Ave.</i>	