

Local Reg. No. 347

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CORRECTED 65400
File No.

Primary Dist. No. 23931-239

CERTIFICATE OF DEATH

... CERTIFICATES

... headings, it will be nece
... specified:

... ment must be signed by:

Informant or Funeral Director

... ment must be signed by:

Funeral Director

... documentary evidence, or b

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1. PLACE OF DEATH a. County <u>Delaware</u> b. City, Borough or Township <u>Wallingford</u> c. Length of stay in 1b. _____ d. FULL NAME (NOT in hospital, give street address) of HOSPITAL or INSTITUTION <u>Res. Brookhaven Rd.</u> e. Is Place of Death Inside Municipality Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. State <u>Penna.</u> b. County <u>Del.</u> c. City, Borough or Township <u>Wallingford.</u> d. Street Address or Location <u>Jodmorden Farm - Brookhaven Road.</u> e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. Is Residence on a Farm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) a. (First) <u>EDITH</u> b. (Middle) <u>WILDER</u> c. (Last) <u>SCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-18-1875</u>	9. AGE (in years last birthday) <u>84</u>	If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____
10. FULL NAME OF SPOUSE <u>Arthur H. Scott</u>			11. BIRTHPLACE (Also give state or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY _____
13. FATHER'S NAME <u>John T. Wilder</u>			14. MOTHER'S MAIDEN NAME <u>Martha Stuart</u>		
15. USUAL OCCUPATION (even if retired) <u>Housewife</u>		16. Social Security No. _____	17. INFORMANT ADDRESS <u>Eleanor S. Duckes Wallingford - Pa.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)] PART I. Death was caused by: IMMEDIATE CAUSE (a) <u>Carcinoma of bowel</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)] _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED.		20c. Time of Injury Hour, m. E.S.T. _____ Month, Day, Year _____	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE	
21. I hereby certify that I attended the above named deceased and that death occurred at <u>2:15 P. m.</u> , E. S. T., from the causes and on the date state above.					
22a. SIGNATURE <u>George B. Heckman</u> M.D. or D.O.			22b. ADDRESS <u>Swarthmore</u>		22c. DATE SIGNED <u>7/19/60</u>
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <u>Burial</u>		23b. DATE <u>9-22-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Laurel Hill</u>		23d. LOCATION (City, Boro., Twp. & County) (State) <u>Lower Merion - Montg. Co.</u>
24. DATE REC'D BY REG. <u>7-20-60</u>		25. REGISTRAR'S SIGNATURE <u>Helen H. Harvey</u>		26. SIGNATURE OF FUNERAL DIRECTOR ADDRESS <u>John R. Camp Oliver H. Bair 1820 Chestnut St.</u>	