

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County New Castle  
Hundred White Clay  
or Village Mumms.  
or City No. St. Ward.

2 FULL NAME

Edith Patella

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 71 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH June, 2, 1917  
(Month) (Day) (Year)

7 AGE 4 yrs. 11 mos. 15 ds. If less than 1 day, hrs. or min.

8 OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ind

PARENTS

10 NAME OF FATHER James Patella  
11 BIRTHPLACE OF FATHER (State or country) Rome  
12 MAIDEN NAME OF MOTHER Elizabeth Crossen  
13 BIRTHPLACE OF MOTHER (State or country) Rome

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Patella  
(Address) Mumms

15 Filed, , 19 LOCAL SUB-REGISTRAR

Filed, , 19 LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July, 29, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 25, 1917, to July, 29, 1917,  
(Month) (Day) (Year) (Month) (Day) (Year)

that I last saw him alive on July 29, 1917,  
and that death occurred, on the date stated above, at A. M. P. M.

The CAUSE OF DEATH \* was as follows:

Cholera infantum

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) W. J. Jones M. D.  
8/3, 1917 (Address) Mumms

\* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted,  
If not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St Johns DATE OF BURIAL July 30, 1917

20 UNDERTAKER W. J. Jones ADDRESS Mumms

MARGIN RESERVE 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. See instructions on back of certificate.

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POSTAL CARD O. K.

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