

PLACE OF DEATH.

CERTIFICATE OF DEATH.

Commonwealth of Pennsylvania.
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

County of PHILADELPHIA,

Township of

Registration District No. 1.

File No. 14569

or
Borough of

Primary Registration District No. 15th

Registered No. 28689

City of PHILADELPHIA.

(No. 4138 St. 43 Ward.)

2. FULL NAME

Raymond Hainsworth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

6. DATE OF BIRTH October 3rd 1898
(Month) (Day) (Year)

7. AGE 20 yrs. no mos. 5 ds.
If LESS than 1 day how many hrs. or min. ?

8. OCCUPATION (a) Trade, profession, or particular kind of work labor (b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Phila Pa

10. NAME OF FATHER John E Hainsworth

11. BIRTHPLACE OF FATHER (State or Country) Kent Co England

12. MAIDEN NAME OF MOTHER Mary Beckler

13. BIRTHPLACE OF MOTHER (State or Country) Phila Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Jos H. Stiles Son (Address) 1417 B Susan

led 1918 E. P. Freeborn Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 8 1918
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1918, to Oct 7 1918, that I last saw h. alive on Oct 7 1918, and that death occurred, on the date stated above, at 10 a. M. The CAUSE OF DEATH* was as follows:

Pneumonia (Duration) 10-92B yrs. mos. ds. Contributory Influenza (Duration) yrs. mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) Chas. Stiles M. D. (Address) 2458 N 16

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

19. PLACE OF BURIAL OR REMOVAL Hillside Cem DATE OF BURIAL Oct 14 1918

20) UNDERTAKER John B Stiles Son 1417 B Susan an