

1. PLACE OF DEATH.

County of *Montgomery*  
Township of *Northtowne*  
or  
Borough of *Northtowne*  
or  
City of *Northtowne*

CERTIFICATE OF DEATH.

Registration District No. *724*  
Primary Registration District No. *1399-4*  
(No. *732* *Hawo Ave.* St.; Ward.)  
File No. *121391*  
Registered No. *741*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME *Amanda Ducey*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widow*  
6. DATE OF BIRTH *Feb. 23 1842*  
7. AGE *71* yrs. *10* mos. *2* ds.  
If LESS than 1 day how many *2* hrs. or *2* min.?

16. DATE OF DEATH *Dec. 25<sup>th</sup> 1913*  
17. I HEREBY CERTIFY, That I attended deceased from *Jan 1910*, to *Dec 25<sup>th</sup> 1913*, that I last saw her alive on *Dec 23 1913* and that death occurred, on the date stated above, at *9:30 A.M.* The CAUSE OF DEATH\* was as follows:

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

*Pulmonary tuberculosis*  
*28* (Duration) *3* yrs. *0* mos. *0* ds.

9. BIRTHPLACE (State or Country) *Phila Pa*

Contributory (SECONDARY) *28* (Duration) *3* yrs. *0* mos. *0* ds.

10. NAME OF FATHER *Lewis Hubbs*

(Signed) *E. H. Kause* M. D.  
*Dec 26 1913* (Address) *Northtowne Pa*

11. BIRTHPLACE OF FATHER (State or Country) *New Jersey*

12. MAIDEN NAME OF MOTHER *Sarah B. Barras*

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

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
(Informant) *Lewis B. Hubbs*  
(Address) *34<sup>th</sup> and Campbellland*

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

15. Filed *Dec 29 1913* *Chas E. White* Local Registrar

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).  
At place of death *28* yrs. *0* mos. *0* ds. In the State *Pa* yrs. *0* mos. *0* ds.  
Where was disease contracted, If not at place of death? *Phila*  
Former or usual residence *Phila*

19. PLACE OF BURIAL OR REMOVAL *Terwood* DATE OF BURIAL *Dec 29 1913*

20. UNDERTAKER *John C. Zimmerman* ADDRESS *1601 So Broadway Phila*

See instructions on back of certificate.