

## 1. PLACE OF DEATH.

County of MontgomeryTownship of Norristownor  
Borough of Norristown  
orCity of Norristown

## CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.Registration District No. 724File No. 121391Primary Registration District No. 1399-4Registered No. 741(No. 782 Hawes Ave. St.; Ward.)[If death occurred in a  
Hospital or Institution,  
give its NAME instead  
of street and number.]2. FULL NAME Amanda Drey

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

(Write the word.)

6. DATE OF BIRTH Feb. 23 1847  
(Month) (Day) (Year)7. AGE 71 yrs. 10 mos. 2 ds. If LESS than 1 day  
how many.....hrs. or  
.....min.?

## 8. OCCUPATION

(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed (or employer)Housework9. BIRTHPLACE  
(State or Country)Phila. Pa

## 10. NAME OF FATHER

Lewis Hubbs11. BIRTHPLACE OF FATHER  
(State or Country)New Jersey

## 12. MAIDEN NAME OF MOTHER

Sarah B. Barras13. BIRTHPLACE OF MOTHER  
(State or Country)Phila

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

## 15.

Filed

Dec 29, 1913 Chas E. White  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 25<sup>th</sup> 1913  
(Month) (Day) (Year)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:Pulmonary TuberculosisContributory  
(SECONDARY.)(Duration) 3 yrs. 0 mos. 0 ds.(Signed) E. A. Kimmurle M. D.Dec 26, 1913 (Address) Norristown 12\*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

## DATE OF BURIAL

Fernwood Dec. 29 1913

## 20. UNDERTAKER

## ADDRESS

John C. Kimmurle 1601 So Broad  
Phila