

HVS-20008-650M-5-49 410-10
 Primary 63-10-81
 Dist. No. 63-70

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

File No. 6286
 Registered No. 415 1

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING 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.

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Pa. b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH Rural - Peters		c. LENGTH OF STAY (In this place) 36 yrs	
d. FULL NAME OF (If not in hospital or institution, give street and HOSPITAL OR INSTITUTION RD# Venetia		d. STREET (If rural, give location) ADDRESS RD# Venetia - Hackett	
3. NAME OF DECEASED (Type or Print) X John	a. (First) John	b. (Middle) Telban	c. (Last) Telban
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	4. DATE OF DEATH (Month) (Day) (Year) Jan 13 - 51
10a. USUAL OCCUPATION (Give kind work done during last of working Ret Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building Trade	8. DATE OF BIRTH May 5-1857	9. AGE (In years last birthday) 93
11. BIRTHPLACE (Also give State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY USA	13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S OWN SIGNATURE Catherine Telban
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease.	
*This does not mean the mode of dying, such as heart attack, drowning, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 420.0	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None	21e. INJURY OCCURRED White at <input type="checkbox"/> Not White <input type="checkbox"/> m. E.S.T. Work <input type="checkbox"/> at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Dec 21, 1950 to Jan 13, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 3:15 A.M. E.S.T. from the causes and on the date stated above.	
23a. SIGNATURE M. S. Stevenson, M.D.	M.D. or other M.D.	23b. ADDRESS Frankleyville, Pa.	23c. DATE SIGNED Jan 15, 1951
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE JAN 16-51	24c. NAME OF CEMETERY OR CREMATORIAL Monongahela	24d. LOCATION (Town, township and county) (State) Merenghatch Wash Pa.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Jan 15, 1951	25. SIGNATURE OF FUNERAL DIRECTOR ADDRESS Rose Harper John L. Simms Frankleyville		