

Primary  
Dist. No.63-10-81  
63-70

## CERTIFICATE OF DEATH

Registered No.

1

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Pa.</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Peters</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Peters</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RD #1 Venetia</u>		e. STREET ADDRESS (If rural, give location) <u>RD #1 Venetia - Hackett</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Telban</u> c. (Last) <u>Telban</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5-1897</u>
9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Ret. Carpenter Building Trade</u>	11. BIRTHPLACE (Also give State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S OWN SIGNATURE <u>Catherine Telban</u>		ADDRESS <u>Franklinville</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>420.0</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) <u>Franklinville, Pa.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Dec. 2, 1950</u> to <u>Jan. 13, 1951</u> , that I last saw the deceased alive on <u>Jan. 12, 1951</u> , and that death occurred at <u>3:15 A.M. E.S.T.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. A. Stevenson, M.D.</u>		23b. ADDRESS <u>Franklinville, Pa.</u>	
23c. DATE SIGNED <u>Jan. 15, 1951</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JAN 16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monongahela</u>	24d. LOCATION (Town, township and county) (State) <u>Monongahela Wash Pa.</u>
DATE REC'D BY LOCAL REG. <u>Jan 15, 1951</u>	REGISTRAR'S SIGNATURE <u>Rose Harper</u>	25. SIGNATURE OF FUNERAL DIRECTOR <u>John L. Simma</u>	
		ADDRESS <u>Franklinville</u>	

MARGIN RESERVED 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.