

516

PLACE OF DEATH.

County of Suffolk
Township of Rutland
or
Borough of
or
City of (No. St. Ward.)

CERTIFICATE OF DEATH

Registration District No. 849
Primary Registration District No. 3319

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

File No. 118933
Registered No. 34

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

2. FULL NAME William Lumberg

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Write the word.) widowed

16. DATE OF DEATH Dec 25 1922
(Month) (Day) (Year)

DATE OF BIRTH Dec 16 1837
(Month) (Day) (Year)

17. I HEREBY CERTIFY. That I attended deceased from 1918, to Dec. 25 1922, that I last saw him alive on July 1922, and that death occurred, on the date stated above, at 8 A M. The CAUSE OF DEATH* was as follows:

AGE yrs. 85 mos. — ds. 9
If LESS than 1 day how many.....hrs. ormin?

Anterior delirious
92 (Duration) 5 yrs. mos. ds.

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

Contributory (Secondary) (Duration) yrs. mos. ds.

BIRTHPLACE. (State or Country) N. J.

(Signed) H M Fry M. D.
Dec 25 1922 (Address) Rush Pa.

10. NAME OF FATHER Joseph Lumberg

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

11. BIRTHPLACE OF FATHER (State or Country) N. J.

12. MAIDEN NAME OF MOTHER Mary Gardner

13. BIRTHPLACE OF MOTHER (State or Country) N. J.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Informant) Homer Lumberg
(Address) Springville Pa

19. PLACE OF BURIAL OR REMOVAL Jessy Hill DATE OF BURIAL Dec 27 1922

Filed Dec 26 1922 J. P. Rathrop Local Registrar

20. UNDERTAKER J. A. Beckell ADDRESS Montrose Pa