

## STATE OF DELAWARE

DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1377

SHIPPED SEP 3

1941

## 1. PLACE OF DEATH

County New Castle State of Delaware, Registered No. \_\_\_\_\_Hundred St. James or Village \_\_\_\_\_ orCity Middletown No. 125 St. E. Main Ward \_\_\_\_\_

If death occurred in a hospital or institution, give its NAME instead of street and number

Length of residence in town where death occurred 70 years \_\_\_\_\_ months \_\_\_\_\_ days

How long in U. S. if of foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

FULL NAME Theodore Whitlock(a) Residence: No. 125 E. Main St., Middletown (If non-resident give city or town and State)

(Usual place of abode)

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Ellen6. DATE OF BIRTH (mo. day and yr.) May 23-18607. AGE Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Electrician9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Town Plant

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Delaware  
(State or country)13. NAME Theodore Whitlock14. BIRTHPLACE (city or town) Delaware  
(State or country)15. MAIDEN NAME Mary J. Phil16. BIRTHPLACE (city or town) Delaware  
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

17. INFORMANT Mary Ellen Whitlock  
(Address) Middletown, Del.Date of Information 5-21-41

18. BURIAL CREMATION OR REMOVAL

Place Forest Lawn Date 5-24-4119. UNDERTAKER John W. Spicer, Jr.Address Middletown, Del.

## MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (mo. day and yr.)

21. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Nov \_\_\_\_\_, 1940, to May 21/41, 1941I last saw him alive on May 21, 1941, death issaid to have occurred on the date stated above at 11 A m

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Large Intestine Date of onset 1937

Contributory causes of importance not related to principal cause

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1941

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

23. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Walter H. Lee M. D.(Address) Middletown24. FILED \_\_\_\_\_ 1941FILED 5-24 1941\_\_\_\_\_  
Local Sub-Registrar\_\_\_\_\_  
Local Registrar

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

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. See instructions on back of certificate.

STATE JUNIOR HEALTH DEPARTMENT

JUNE 1941

VITAL STATISTICS DEPARTMENT