

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2681

1 PLACE OF DEATH

County Delaware
Hundred
or Village
or City Wilmington No. 340 East 5th St. 4 Ward.

Registered No.

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

2 FULL NAME

Thomas W. Stole

37

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S.
6 DATE OF BIRTH 19.....
(Month) (Day) (Year)
7 AGE yrs. mos. 14 ds. If less than 1 day, ... hrs. or ... min.

8 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Delaware

PARENTS

10 NAME OF FATHER Thomas W. Stole
11 BIRTHPLACE OF FATHER (State or country) Delaware
12 MAIDEN NAME OF MOTHER Jillian Whitlock
13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jillian Stole
(Address) 340 E. 5th St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 31, 1919
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 3 17, 1919, to 3 31, 1919,
(Month) (Day) (Year) (Month) (Day) (Year)
that I last saw him alive on 3-16, 1919,
and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH * was as follows:
Diphtheria

(Duration) yrs. mos. 14 ds.
Contributory Hereditary
Secondary
(Duration) yrs. mos. ds.
(Signed) H. B. ... M.D.
9-31, 1919 (Address) 400 E. 4th

* 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. 14 ds. In the State yrs. mos. 14 ds.
Where was disease contracted, If not at place of death?
Former or usual residence 340 East 5th St.

19 PLACE OF BURIAL OR REMOVAL Resurrection Cemetery DATE OF BURIAL April 1, 1919
20 UNDERTAKER Albert J. M. Leary ADDRESS

Filed, 19..... LOCAL SUB-REGISTRAR
Filed, 19..... LOCAL REGISTRAR

MARGIN RESERVE 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.