

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County New Castle
Hundred New Castle
or Village
or City New Castle No. Batter St. Ward.

Registered No. _____

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

2 FULL NAME William H. Whiteck

10

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Jan 18 72
(Month) (Day) (Year)

7 AGE 46 yrs. 0 mos. 0 ds. If less than 1 day, 0 hrs. or 0 min.

8 OCCUPATION (a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) grocery store.

9 BIRTHPLACE (State or country) Md.

PARENTS
10 NAME OF FATHER Samuel Whiteck
11 BIRTHPLACE OF FATHER (State or country) Md.
12 MAIDEN NAME OF MOTHER Sarah Vansant
13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. W. H. Townsend
(Address) New Castle,

15 Filed, _____, 19____ LOCAL SUB-REGISTRAR

Filed, _____, 19____ LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct, 2, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep, 26, 1918, to Oct, 2, 1918,
(Month) (Day) (Month) (Day)

that I last saw him alive on Oct 2, 1918,
and that death occurred, on the date stated above, at 11 A. M. or 0 P. M.

The CAUSE OF DEATH * was as follows:
Pneumonia

(Duration) _____ yrs. _____ mos. 3 ds.

Contributory Secondary Influenza
(Duration) _____ yrs. _____ mos. 7 ds.

(Signed) Julius Dodd M. D.
Oct 2, 1918 (Address) New Castle Del

* 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. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Green Cemetery DATE OF BURIAL Oct. 5, 1918

20 UNDERTAKER Charles H. Chewell ADDRESS New Castle Del.

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.