

STANDARD **DEATH** CERTIFICATE
DELAWARE

923

1 PLACE OF DEATH
County New Castle
Hundred _____
or Village Wilmington
or City Wilmington

POSTAL CARD O. K.

Registered No. _____

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

2 FULL NAME Willard J. Marden

No. 1200 Walnut St., 6 Ward

91

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)
6 DATE OF BIRTH Sept. 20 1917
(Month) (Day) (Year)
7 AGE 5 yrs. 5 mos. 5 da.
If less than 1 day, hrs. or min.?

16 DATE OF DEATH Feb 11, 1918
(Month) (Day) (Year)

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

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1918, to Feb 11, 1918, that I last saw him alive on Feb 11, 1918, and that death occurred, on the date stated above, at _____ m.

9 BIRTHPLACE (State or country) Del.

The CAUSE OF DEATH * was as follows:
Bronchial Pneumonia
(Duration) _____ yrs. _____ mos. 9 da.

PARENTS

10 NAME OF FATHER John R. Marden
11 BIRTHPLACE OF FATHER (State or country) Md.
12 MAIDEN NAME OF MOTHER Martha Whitlock
13 BIRTHPLACE OF MOTHER (State or country) Del.

Contributory Secondary
(Signed) [Signature] M. D.
(Address) Wilmington, Del.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

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

15 Filed _____, 1918
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Reverview DATE OF BURIAL Feb. 13, 1918
20 UNDERTAKER Geo. M. Fisher ADDRESS 722 King St

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. 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.