

NOV 9 1943

STATE OF DELAWARE

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

VITAL STATISTICS

1. DEPARTMENT DEATH

County New Castle State of Delaware, Registered No. _____Hundred St. Georges or Village _____ or _____City Meddlitown No. _____ St. _____ Ward _____

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

Length of residence in city or town where death occurred 50 years _____ months _____ days. How long in U.S. if of foreign birth? _____ years _____ months _____ days2. FULL NAME William Whitlock(a) Residence: No. 107 Crawford St. _____ Ward _____
(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) Widower5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (mo. day and yr.) Apr 16 18547. AGE Years 89 Months _____ Days _____ IF LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

12. BIRTHPLACE (city or town) Del
(State or country)MOTHER FATHER 13. NAME Theodore WhitlockBIRTHPLACE (city or town) Del
(State or country)15. MAIDEN NAME no record16. BIRTHPLACE (city or town) " "
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

17. INFORMANT Ester Welton
(Address) Meddlitown DelDate of Information Oct 29 194318. BURIAL, CREMATION OR REMOVAL
Place Forest burying Date 11/1/4319. UNDERTAKER G. F. SmithAddress Townsend Del.

24. FILED _____ 10 _____

FILED 11-1 1943

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (mo. day and yr.) Oct 29 194321. I HEREBY CERTIFY, That I attended deceased from May 10, 1942, to Oct 29, 1943I last saw him alive on Oct 28, 1942, death is said to have occurred on the date stated above, at 9.30 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<u>Chronic myocarditis</u>	<u>5-10-43</u>
<u>mitral insufficiency</u>	<u>5-10-43</u>

Contributory causes of importance not related to principal cause.

Terminal bronchopneumonia 10-24-43

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 _____, 19 _____

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) Allan R. Eversley, D.(Address) Meddlitown Del

E. M. Stevens 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.