

DEPARTMENT OF PUBLIC HEALTH AND CHARITIES
 Bureau of Health—Division of Vital Statistics

No. 6458

PLACE OF DEATH

Registration District No. 1

Registered No. 11974

County of PHILADELPHIA

City of PHILADELPHIA

(No. 1311 Webster St. 3 Ward.)

FULL NAME John O Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE Col SINGLE, MARRIED, WIDOWED OR DIVORCED Married

DATE OF BIRTH

(Month) (Day) (Year) 5 10 1913

AGE

40 yrs. 0 mos. 0 ds.

If LESS than 1 day how many hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Fireman

(b) General nature of industry business, or establishment in which employed (or employer)

BIRTHPLACE

(State or Country) Va

NAME OF FATHER Henry

BIRTHPLACE OF FATHER (State or Country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or Country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Adams

(Address) 1311 Webster St

Local Registrar J O Adams

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) (Day) (Year) 5 10 1913

I HEREBY CERTIFY, That I attended deceased fr

5 18 1913, to 5 10 1913

that I last saw h.....alive on 5 10 1913

and that death occurred, on the date stated above, at 9 P
 The CAUSE OF DEATH was as follows:

Cerebral apoplexy, Fibrous

(Duration) yrs. mos.

Contributory (Secondary)

(Duration) yrs. mos.

(Signed) J O Adams M

Address 1311 Webster St

LENGTH OF RESIDENCE (For Transients or Recent Residen
 At place In the
 of death yrs. mos. ds. State yrs. mos.

Where was disease contracted,

If not at place of death?

Former or usual residence 1311 Webster St

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Quaker

5 10 1913

UNDERTAKER

ADDRESS

A. L. Putz 514 S. 4

I hereby certify the above to be a correct copy of a death certificate filed in this office in accordance with the State law.

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J O Adams
 Chief of Division.