

Primary Dist. No. 15-01-81

CERTIFICATE OF DEATH

Registered No. 281

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instruc-
tions on back of certificate.

1. PLACE OF DEATH:
(a) County Chester
(b) Township Valley
(c) Borough
(d) City
(e) Name of hospital or institution Coatesville
(If not in hospital or inst. write street number or location)
(f) Length of stay: 12A
In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Chester
(c) City or town Coatesville
(If outside city or town limits, write RURAL)
(d) Street No. 414 East Chestnut St.
(If rural give location)
(e) If citizen of foreign country, name country

3. (a) FULL NAME FRANK FORREST

3. (b) If U.S. Veteran, complete reverse side of certificate
3. (c) Social Security No. 186-16-0588

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased Nov 15 - 1920
(Month) (Day) (Year)

8. AGE: Years 25 Months 9 Days 12
If less than one day hr. min.

9. Birthplace Coatesville Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Truck for Stores

12. Name Antonio Forrest

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Giovanna D'Andrea

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul D'Andrea

(b) Address YMCA Coatesville Pa

17. (a) Burial (b) Date thereof Aug 30 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. Cecilia's Ceme. Coatesville County Chester State Pa

18. (a) Signature of funeral director George H. Leusser

(b) Address Coatesville Pa

19. (a) Aug 29, 1946 (b) Florence M. Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug day 27
year 1946 hour 9 minute 42 A.M.
21. I hereby certify that I attended the deceased from July 30, 1946, to Aug 27, 1946
that I last saw him alive on Aug 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death general peritonitis

Due to peptic gastric ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 117a

Of autopsy 129

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Charles H. Jones (M. D. or other)
Address Coatesville Pa Date signed 8/29/46

DURATION

7 days

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.