

1. PLACE OF DEATH.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

County of PHILADELPHIA,

Registration District No. 1.

File No. 111258

Township of

Primary Registration District No.

Registered No. 23315

or
Borough of

City of PHILADELPHIA.

Hospital
or
Institution,

2. FULL NAME

Jewish Hospital
Sadie Longo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED *single*
(Write the word.)6. DATE OF BIRTH *Aug 7 1894*
(Month) (Day) (Year)7. AGE *21* yrs. mos. ds.
If LESS than 1 day
how many hrs. or
..... min.?8. OCCUPATION
(a) Trade, profession, or
particular kind of work *Sandy Maker.*
(b) General nature of industry
business, or establishment in
which employed (or employer)9. BIRTHPLACE
(State or Country) *Pennsylvania*10. NAME OF FATHER *Gaetano*11. BIRTHPLACE
OF FATHER
(State or Country) *Italy*12. MAIDEN NAME
OF MOTHER *Anna*13. BIRTHPLACE
OF MOTHER
(State or Country) *Italy*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *R. S. Battersby*
(Address) *3316 N. Broad*15. *John A. Shee*
Local Registrar
Filed *NOV 3 - 1915* 191

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *November 3 1915*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Sept. 27 1915, to *November 3 1915*,
that I last saw h. *er* alive on *November 3 1915*,
and that death occurred, on the date stated above, at *3.50 P.* M.
The CAUSE OF DEATH* was as follows:*Esophth almic Goitre.*
(Post-operative Hypertrophied)
51-79
Duration, yrs. mos. ds.Contributory *Cardiac Dilatation*
(SECONDARY.)
(Duration) yrs. mos. ds.In deaths of children under 2 years of age, {
state if Breast fed or Artificially fed, }(Signed) *M. J. Meiser* M. D.
11-3-15 (Address) *Jewish Hospital**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 AND INSTITUTIONS.)

At place In the
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,
If not at place of death?
Former or
usual residence *1914 N. 7th St. Wilmington, Del.* Ward,19. PLACE OF BURIAL OR REMOVAL *Wilmington, Del* DATE OF BURIAL *Nov 4 1915*20. UNDERTAKER *Mr. Gasletto* ADDRESS *Wilmington Del*
R. S. Battersby