

(Fee for this  
Certificate, \$1.00)

N. B. Do not accept this Certified Copy unless  
the raised seal of the State Department of  
Health is affixed thereon.

Nº 690171

This is to Certify that the following is a true and correct copy of a certificate of death  
filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed  
by Act 402 of the General Assembly, 1915, P. L. 900.

NOV 19 1946

(Date)

(Secretary of Health)



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

File No. 3514-35

Primary  
Dist. No.

Registered No. 10

**1. PLACE OF DEATH:**

(a) County Allegheny  
(b) Township Smithley  
(c) Borough  
(d) City  
(e) Name of hospital  
or institution  
(If not in hospital or inst. write street number or location)  
(f) Length of stay:  
In hospital or inst. (g) In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Penn. (b) County  
(c) City or town Ambridge  
(If outside city or town limits, write RURAL)  
(d) Street No. 505 Park Rd.  
(If rural give location)  
(e) If citizen of foreign country, name country

**3. (a) FULL NAME**

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

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

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

7. Birth date of deceased (Month) (Day) (Year)  
July - 1909

8. AGE: Years Months Days If less than one day  
35 6 5 hr. min.

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

10. Usual occupation Inspector of Police

11. Industry or business Police Department

12. Name John Leonard

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

14. Maiden name Mary Leonard

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

16. (a) Informant's own signature John Leonard

(b) Address 505 Park Rd.

17. (a) (b) Date thereof Jan 22 - 1935

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Ambridge, Pa. County Allegheny State Pa.

18. (a) Signature of funeral director J. J. J. J.

(b) Address Ambridge, Pa.

19. (a) Jan - 21 - 1935 (b) J. J. J. J.

(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. Date of death: Month January day 19  
year 1935 hour 5 minute 20 P.M.  
21. I hereby certify that I attended the deceased from  
Jan - 10 - 1935, 1935, to January - 19 - 1935;  
that I last saw him alive on January 9, 1935;  
and that death occurred on the date and hour  
stated above.

Immediate cause of death Myocardial infarction

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? (City or town) (County) (State)

(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 (M. D. or other)

23. Signature J. J. J. J. Date signed Jan 21 - 1935

Address Ambridge, Pa.

DURATION

1/2 min.

PHYSICIAN

Underline  
the cause  
to which  
death  
should be  
charged  
statisti-  
cally.