ancestry

Pennsylvania, Death Certificates, 1906-1963

Name:	Thomas F Casey
Gender:	Male
Race:	White
Age:	29
Birth Date:	2 Oct 1893
Birth Place:	New Jersey
Death Date:	16 Jul 1923
Death Place:	Altoona, Blair
Father Name:	Thomas F Casey
Father Birth Place:	Ireland
Mother Name:	Winefred Sweeney
Mother Birth Place:	Ireland
Certificate Number:	75875

Source Information:

Ancestry.com. *Pennsylvania, Death Certificates, 1906-1963* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.
Original Data: Pennsylvania (State). Death certificates. 1906–1963. Series 11.90 (1,905 cartons). Records of the Pennsylvania Department of Health, Record Group 11. Pennsylvania Historical and Museum Commission, Harrisburg, Pennsylvania.

Description:

Pennsylvania's Department of Health started keeping statewide death records on January 1, 1906. Now you can find them in this collection.

Form V. S. No. 5—50M—3-24-22.

250

1. PLACE OF DEATH

County of Blair

Township of

or Borough of

or City of Altoona

CERTIFICATE OF DEATH

Registration District No. 244

Primary Registration District No. 32

(No. Altoona Hospital St., / Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 75875

Registered No. 508

2. FULL NAME Thomas F. Casey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6. DATE OF BIRTH: Oct 2 – 1893 (Month) (Day) (Year)

7. AGE: 29 yrs. 9 mos. 14 ds. If LESS than 1 day how many ......hrs. or ......min.?

8. OCCUPATION (a) Trade, profession, or, particular kind of work: Fruit Inspector. (b) General nature of industry, business, or establishment in which employed (or employer): Banana Sales Corp.

9. BIRTHPLACE (State or Country): N. J.

PARENTS

10. NAME OF FATHER: Thomas F. Casey

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Winefred Sweeney

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

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

(Informant) Mrs Thomas F. Casey

(Address) 1501 – 8th Ave Altoona Pa

15.

Filed 7 – 16 – 1923 Wilfred C. Schwitz Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 16th 1923 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14th 1923, to July 16th 1923, that I last saw him alive on July 16th 1923 and that death occurred, on the date stated above, at 6:35 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage – no existing causal factor apparent except Hypertension – immediate death due to Cardiac failure.

(Duration) ......yrs. ......mos. 3 ds.

Contributory (Secondary) 74

(Duration) ......yrs. ......mos. ......ds.

(Signed) L. E. Hull M. D. R. R. B. Cadwallader MD

July 16th 1923 (Address) Altoona 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, Institutions, Transients or Recent Residents).

At place of death ......yrs. ......mos. 3 ds. In the State ......yrs. ......mos. ......ds.

Where was disease contracted, If not at place of death? 1500 – 8 Ave

Former or usual residence 1500 – 8 Ave. Altoona Pa.

19. PLACE OF BURIAL OR REMOVAL: Jersey City N. J. DATE OF BURIAL: July 17 1923

20. UNDERTAKER: N A Stevens ADDRESS: Altoona Pa.

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.