

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County of Sullivan  
Township of Davidson  
or  
Borough of  
or  
City of (No. St. Ward)

Registration District No. 530

Primary Registration District No. 57-04-82

File No. 61110

Registered No. 7

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME James B. Sones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Swesche

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 73 Months 10 Days 3 IF LESS than 1 day, hrs. of, min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Mason (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn

10. NAME OF FATHER George Sones

11. BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12. MAIDEN NAME OF MOTHER Mary Peterson

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14. Informant Mr. Minnie Sones (Address) Sonerton Pa

15. Filed June 21, 1931 Eda A. Larumason REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 17 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to June 17, 1931, that I last saw him alive on June 15, 1931, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH\* was as follows: Cerebral Hemorrhage

742-7th (duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY Anten Sclerosis (SECONDARY) (duration) 5 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? h Date of

Was there an autopsy? h

What test confirmed diagnosis?

(Signed) H. P. Davis, M. D. (Address) Sonerton Pa

\*State the DISEASE CAUSING DEATH, only deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Sherlock Pa DATE OF BURIAL Apr 21 1931

20. UNDERTAKER W. L. Sides ADDRESS Mersey Valley Pa

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.