Form V. S. No. 5—50M. 1-20-16.

CERTIFICATE OF DEATH

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

1. PLACE OF DEATH.

County of Bucks

Township of Lower Makefield

or Borough of

or City of

Registration District No. 276

Primary Registration District No. 2264

File No. 93466

Registered No. 18

(No. , St., Ward.)

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

2. FULL NAME Martha E. Jerauld.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
F.	W.	Widowed.

6. DATE OF BIRTH July (Month) 14 (Day) 1854 (Year)

7. AGE yrs. 64 mos. 0 ds. 25 — If LESS than 1 day how many ..... *hrs.* or ..... *min.*?

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

9. BIRTHPLACE (State or Country): Pa.

PARENTS

10. NAME OF FATHER: Charles A White

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

12. MAIDEN NAME OF MOTHER: Martha P. Sarne

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

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

(Informant) Ann R. Iregers

(Address) Yardley Pa

15.

Filed August 11 1918 E. E. Yeager. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 9 (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8 1918, to Aug. 9 1918, that I last saw h er alive on Aug 9 1918, and that death occurred, on the date stated above, at P. M.
The CAUSE OF DEATH* was as follows:

81

Arterio Sclerosis

(Duration) Several yrs. mos. ds.

Contributory (Secondary.)

(Duration) yrs. mos. ds.

(Signed) G. L. Brasel M. D.

8-9 1918 (Address) Yardley, Pa.

*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 ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Stone Grave Yard Yardly	Aug 12 1918
20. UNDERTAKER	**ADDRESS**
Stacy B. Brown	Newtown Pa