

1. PLACE OF DEATH.

County of *York*
 Township of *Springettsburg*
 or
 Borough of
 or
 City of

CERTIFICATE OF DEATH.

Registration District No. *99*
 Primary Registration District No. *3534*

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

File No. *62546*
 Registered No. *411*

2. FULL NAME

Susan Dellinger

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 4. COLOR OR RACE *white*
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*

6. DATE OF BIRTH *Oct. 5 1894*

7. AGE *79 yrs. 8 mos. 14 ds.*
 If LESS than 1 day how many hrs. or min.?

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

9. BIRTHPLACE (State or Country) *Pa.*

10. NAME OF FATHER *Jacob Kapp*

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

12. MAIDEN NAME OF MOTHER *not known*

13. BIRTHPLACE OF MOTHER (State or Country) *not known*

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

(Informant) *Mrs. Myra M. Dellinger*
 (Address) *York, Pa., R. D. #5*

15. Filed *6-19-4* *Dr. Bennett*
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 19 1914*

17. I HEREBY CERTIFY, That I attended deceased from *June 7 1914*, to *June 18 1914*, that I last saw her alive on *June 18 1914*, and that death occurred, on the date stated above, at *2:30 P.M.* The CAUSE OF DEATH* was as follows:

Cardiac Asthma
49-187
 (Duration) yrs. mos. ds.
 Contributory (SECONDARY) *Dropsy*
 (Duration) yrs. mos. ds.

(Signed) *H. B. Green* M. D.
 June 19, 1914. (Address) *Manchester*

*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 *Springetts* DATE OF BURIAL *June 21 1914*

20. UNDERTAKER *W. Slegger & Sons* ADDRESS *York Pa.*

Important - See Instructions