

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

(Fee for this certificate, \$3.00)

Charles Hardester

Charles Hardester
State Registrar

WARNING: It is illegal to duplicate this copy by photostat or photograph.

DEC 20 1990

Date

029842

No.

Form No. 1
COMMONWEALTH OF PENNSYLVANIA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLAQUE OF DEATH
County of *Ward*
Township of *Ward*
Borough of *Ward*
City of *Ward*

Registration District No. *94*
Primary Registration District No. *Ward*

File No. *3289*
Registered No. *20*

Full Name *John Kankula (239)*

PERSONAL AND STATISTICAL PARTICULARS
SEX *Male* COLOR *White*
DATE OF BIRTH *not known*
AGE *48* years, *1892* months, *2* days
MARRIED *not known*
BIRTHPLACE *Hungaria*
NAME OF FATHER *not known*
BIRTHPLACE OF FATHER *Hungaria*
MARRIEN NAME OF MOTHER *not known*
BIRTHPLACE OF MOTHER *Hungaria*
OCCUPATION *Welder*

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH *3* / *5* / *1907*
HEREBY CERTIFY, That I attended deceased from *Feb 24 1907* to *Mar 8 1907*
that I last saw him alive on *Mar 7 1907*
and that death occurred, on the date stated above, at *2:00 P.M.*
The CAUSE OF DEATH was as follows:
Septic infection of the neck
(Duration) *246* Days
Contributory *W*
(Duration) *W* Days
(Signed) *Part J Smith* M. D.
315 1007 (Address) *Ward Pa*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) *Rev Barens*
Address *Ward Pa*
Signed *Robt J. Osborne* Registrar

SPECIAL INFORMATION only for Hospitals, Institutions, Prisons, or Recent Residents.
Former or Usual Residence *How long at Place of Death?* Days

Where was disease contracted?
PLACE OF BURIAL OR REMOVAL *East End Wm. Taylor* DATE OF BURIAL *1007*
UNDERTAKER *G. B. Brock* ADDRESS *Ward Pa*

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH WRITING INK. THIS IS A PERMANENT RECORD.
Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.