

Jacob S Kurtz Death Certificate

Form V. S. No. 5--109M-5-17-15.

6321

CERTIFICATE OF DEATH

1. PLACE OF DEATH.
 County of Berks
 Township of Calmar Registration District No. 228
 or Primary Registration District No. 2155
 Borough of _____
 City of _____ (No. _____ St. _____ Ward.)

COMMONWEALTH OF PENNSYLVANIA.
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS.
 File No. 32500
 Registered No. 39
 [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Jacob S Kurtz

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) <u>Married</u>	16. DATE OF DEATH <u>March 13 1923</u> (Month) (Day) (Year)	
6. DATE OF BIRTH <u>Jan. 11 1867</u> (Month) (Day) (Year)			17. I HEREBY CERTIFY, That I attended deceased from <u>March 12 1923</u> to <u>March 13 1923</u> 191 that I last saw him <u>live on</u> <u>Mar. 13 1923</u> 191 and that death occurred, on the date stated above, at <u>9:30 P</u> The CAUSE OF DEATH* was as follows: <u>Chronic Bright's Disease</u>	
7. AGE <u>56</u> yrs. <u>2</u> mos. <u>2</u> wks.			If LESS than 1 day how many hrs. or min. ?	
8. OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			129 (Duration) <u>presumably</u> yrs. - mos. -	
9. BIRTHPLACE (State or Country) <u>Pa</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____	
10. NAME OF FATHER <u>Abram Kurtz</u>			(Signed) <u>Joseph A Zorn</u> M. <u>374</u> <u>1923</u> (Address) <u>Morgantown</u>	
11. BIRTHPLACE OF FATHER (State or Country) <u>Pa</u>			*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12. MAIDEN NAME OF MOTHER <u>Barbara Stottzfus</u>			18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents). At Place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____	
13. BIRTHPLACE OF MOTHER (State or Country) <u>Pa</u>			Where was disease contracted, If not at place of death? Former or usual residence	
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>S. M. Petrusheim</u> (Address) <u>Morgantown Pa</u>				
15. Filed <u>3/15</u> 19 <u>23</u> <u>Ammon Shipler</u> Local Registrar			19. PLACE OF BURIAL OR REMOVAL <u>Pine Grove</u>	
			DATE OF BURIAL <u>March 17 1923</u>	
			20. UNDERTAKER <u>J. E. Reiser</u>	
			ADDRESS <u>Jerre Hill</u>	