

Benuel Mast Death Certificate

Form V. & No. 8

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County of Lancaster Chester Registration District No. 230
 Township of West Sadsbury Primary Registration District No. 15-01-87 Registered No. 108
 or
 Borough of _____
 or
 City of _____ File No. 28849

2. FULL NAME Benuel Mast
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND of Rachel Spotts (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May, 1847

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
83 10 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (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) Pa.

10. NAME OF FATHER Isaac Mast

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

MAIDEN

12. NAME OF MOTHER Mary Hurty

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

14. Informant Mrs. Rachel Mast (Address) Cochranville, Pa.

15. Filed July, 1931 20 Pennagan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 27, 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from Jan. 24, 1929 to Mar. 26, 1931 that I last saw him alive on Mar. 26, 1931 and that death occurred, on the date stated above, at 12:50 P.M.
 The CAUSE OF DEATH* was as follows:
Heart (Mitral Valvular Deficiency)
90-114
 (duration) 2 yrs. mos. days

CONTRIBUTORY La Grippe (Secondary) (duration) _____ yrs. _____ Mos. _____ days

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____ (Signed) P. D. P. Heagy M.D.
3/27/1931 (Address) Cochranville Pa.

*State the DISEASE CAUSING DEATH, or in 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 Pine Grove DATE OF BURIAL Mar 29 1931

20. UNDERTAKER Lo Clayton Overly ADDRESS Birdinhard
 (OVER) R.D.1

MARGIN RESERVED FOR PRINTING
 WRITE PLAINLY WITH UNFADING INK. TIME IN A PERMANENT RECORD. 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.