

Lydia Mast Kurtz Death Certificate

HYI-20143 REV. 11/59		22		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH VITAL STATISTICS			
LOCAL REG. NO.		06924-080		CERTIFICATE OF DEATH			
PRIMARY DIST. NO.		06924-080		032259-61			
1. DEATH OCCURRED IN:		a. County Berks Co.		b. City or borough Gaernarvon		2. DECEASED'S MAILING ADDRESS Elverson # 2	
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)		Gaernarvon		b. Post Office, Zone, and State Elverson		3. VETERAN Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. Full Name of Hospital or Institution (If not in hospital, give street address)				a. Which War		b. Serial No.	
4. NAME OF DECEASED (Type or print)		a. (First) LYDIA M.		b. (Middle) KURTZ		c. (Last) KURTZ	
5. DATE OF DEATH		4-6-1961		6. DATE (Month) (Day) (Year)		4-6-1961	
4. WHERE DID DECEASED ACTUALLY LIVE?		a. State PA		b. County Berks		c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in Gaernarvon township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of Gaernarvon city or borough.	
7. SEX	8. COLOR OR RACE	9. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	10. DATE OF BIRTH	11. AGE (In years last birthday)	If under 1 year	If under 24 hours	
F.	White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	11-23-1870	90	Months	Days	Hours
12. USUAL OCCUPATION (even if retired)		13. SOCIAL SECURITY NO.		14. BIRTHPLACE (State or foreign country)		15. CITIZEN OF WHAT COUNTRY?	
Housework		None		Morgantown		US.	
16. FULL NAME OF SPOUSE Jacob S. Kurtz				17. MOTHER'S MAIDEN NAME Rebecca Stoltzfus			
18. FATHER'S NAME John M. Mast				19. INFORMANT'S NAME AND ADDRESS Rebecca Mast, Elverson # 2			
MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)							
20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).						INTERVAL BETWEEN ONSET AND DEATH	
PART I. Death was caused by:						1 Year	
IMMEDIATE CAUSE (a) ANEMIA, NUTRITIONAL, ADVANCED						YEARS.	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.							
DUE TO (b) CARCINOMA of STOMACH							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)						21. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
22. a. ACCIDENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		22. b. DESCRIBE HOW ACCIDENT OCCURRED		22. c. TIME OF ACCIDENT Hour Month Day Year m E.S.T.			
22. d. ACCIDENT OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)		22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE			
23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 6:17a m., E.S.T. M. D.							
a. Signature Grant H. Bamberger		b. Address Honey Brook Pa.		c. Date signed Apr 6, 1961			
24. a. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24. b. DATE 4-10-1961		24. c. NAME OF CEMETERY OR CREMATORY Pine Grove		24. d. LOCATION (City, Boro, Twp., & County) (State) Elverson #2, Berks Co. Pa.	
25. DATE REC'D BY REG. Apr. 8, 1961		26. REGISTRAR'S SIGNATURE Gurnell M. Schneck		27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Wickert, Lane Hill, Pa.			