

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. No. 50 Carrollton
Ins. Town.....
City..... (No. St.)..... Ward)

Registration District No. 7/2
Primary Registration Dist. No.....

File No. 26705
Registered No. 28

FULL NAME Willie Bender

[If death occurred in a hospital or institution, give the NAME, location of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

DATE OF BIRTH.....
(Month) (Day) (Year)

AGE 28 yrs..... mos..... ds. If LESS than 1 day.... hrs. ? or.... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Muhlenberg

PARENTS

10 NAME OF FATHER Yelso Bender

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Martha Bennett

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robt Newton
(Address) South Carrollton

15 Oct 29, 1914 A. H. Spaha
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 29, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 191...., to....., 191...., that I last saw h..... alive on....., 191...., and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:
Marked by State in Coal mines
(Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.
(Signed) James E. Gump, M.D.
....., 191.... (Address)

*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 South Carrollton DATE OF BURIAL Oct. 29, 1914

20 UNDERTAKER James E. Gump ADDRESS

WRITE PLAINLY, WITH SPACES BETWEEN WORDS IN A PREVIOUSLY UNWRITTEN MANNER

E. S. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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.