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*Calvin B. Johnson*

Calvin B. Johnson, M.D., M.P.H.  
Secretary of Health



*Frank Yeropoli*

Frank Yeropoli  
State Registrar

3946556

No.

OCT 05 2006

Date

Yellow Pages 03-53

LOCAL REG. NO. 1113  
 PRIMARY DIST. NO. 70134-017  
 COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF HEALTH  
 VITAL STATISTICS  
 CERTIFICATE OF DEATH  
 063732-62

1. DEATH OCCURRED IN: a. County ALLEGHENY b. City or borough SCOTT  
 c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)  
 d. Full Name of Hospital or Institution (If not in hospital, give street address) JOHN T. KANE  
 2. DECEASED'S MAILING ADDRESS: a. Street address, R. D., or Box Number 1308 PENNA. AVE b. Post Office, Zone, and State NATRONA HTS  
 3. VETERAN: a. Which War b. Serial No. Yes  NO   
 4. NAME OF DECEASED: a. (First) DAISY P b. (Middle) c. (Last) DAVIS  
 5. DATE OF DEATH: (Month) (Day) (Year) July-28-1962  
 6. WHERE DID DECEASED ACTUALLY LIVE? a. State PA c. Did deceased live in a township? Yes, deceased lived in HARRISON township. b. County ALLEGHENY  
 7. SEX: FEMALE 8. COLOR OR RACE: WHITE 9. MARRIED: WIDOWED  NEVER MARRIED  DIVORCED  10. DATE OF BIRTH: NOV-14-1876 11. AGE (in years last birthday) 86 If under 1 year: Months Days Hours Min. If under 24 hours: Months Days Hours Min.  
 12. USUAL OCCUPATION (even if retired) HOUSEWIFE 13. SOCIAL SECURITY NO. NONE 14. BIRTHPLACE (State or foreign country) BUFFALO TWP. PA. 15. CITIZEN OF WHAT COUNTRY? U.S.A.  
 16. FULL NAME OF SPOUSE: JOHN W. DAVIS 17. MOTHER'S MAIDEN NAME: HUKMAN  
 18. FATHER'S NAME: WILLIAM H. HUDSON 19. INFORMANT'S NAME AND ADDRESS: CHARLES E. DAVIS - NATRONA HTS PA.  
 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).  
 PART I. Death was caused by:  
 IMMEDIATE CAUSE (a) Cerebral hemorrhage  
 Conditions, if any, which gave rise to above cause DUE TO (b) Cerebral arteriosclerosis  
 (c) stating the underlying cause last. DUE TO (c)  
 INTERVAL BETWEEN ONSET AND DEATH: 12 hrs 10920  
 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  No   
 22. a. ACCIDENT? Yes  No  22. b. DESCRIBE HOW ACCIDENT OCCURRED  
 22. c. TIME OF ACCIDENT: Hour Month Day Year  
 22. d. ACCIDENT OCCURRED: While at work  Not while at work  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 7 P.M., A.S.T.  
 a. Signature: *Charles E. Davis* M. D. b. Address: SCOTT TWP. PGH. 16, PA. c. Date signed: 28 July 62  
 24. a. BURIAL  CREMATION  REMOVAL  24. b. DATE: 7-31-62 24. c. NAME OF CEMETERY OR CREMATORY: McVILLE CEMETERY 24. d. LOCATION (City, Boro., Twp., & County) (State): S. BUFFALO TWP. ALLEGHENY CO. PA.  
 25. DATE REC'D BY REG. REGISTRAR'S SIGNATURE: *John R. ...* 27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: *John R. ...*