HVS-5H—250M—8-40

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Primary Dist. No. 25-04-81

File No. 22952

Registered No. 332

CERTIFICATE OF DEATH 450

1. PLACE OF DEATH:
(a) County Erie
(b) City or borough or township ~~Erie~~ Millcreek
(c) Name of hospital or institution:
3741 West 26 Street
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Erie
(c) City or town Erie Rural
(If outside city or town limits, write RURAL)
(d) Street No. 3741 West 26 Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) **FULL NAME** JOSEPH J. SLOAN

3. (b) If U. S. Veteran, complete reverse side of certificate

3 (c) Social Security No. 175-07-3995

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife Carrie Mitchell 6 (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 25, 1889
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	5	16	____ hr. ____ min.

9. Birthplace Baldwinsville, N. Y.
(City, town, or county) (State or foreign country)
10. Usual occupation Superintendent
11. Industry or business Erie Steel Construction

MOTHER FATHER
12. Name Michael Sloan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carrie M. Sloan
(b) Address 3741 West 26 Street
17 (a) Burial (b) Date thereof 3/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakeside Cemetery
18. (a) Signature of funeral director Donald C. Burton
(b) Address 602 W 10 St, Erie, Pa.
19 (a) 3-14-1947 (b) ____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 11th
year 1947 hour 5 minute 45 PM
21. I hereby certify that I attended the deceased from July 1, 1946, to Mar 11, 1947; that I last saw him alive on Mar 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Descending Colon - general Carcinomatosis

Due to ____

Due to ____

Other conditions #6E
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma

Of autopsy ____

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____
(Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature C. A. Burnham (M. D. or other)
Address 1066 W 6 Erie Pa. Date signed 3/12/47

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.