

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Denvergo  
Township of Sugar Creek  
Borough of Franklin  
City of Franklin No. Franklin Hospital St. Franklin Hospital Ward

Registration District No. 881

Primary Registration District No. 3376

File No. 86091

Registered No. 170

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME Anthony Sutherland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5a. If married, widowed or divorced HUSBAND of Katherine Jensen Sutherland WIFE of Katherine Jensen Sutherland

6. DATE OF BIRTH (month, day and year) Aug. 11, 1878

7. AGE Years 49 Months 1 Days 9 IF LESS than 1 day.....hr.. or.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman  
(b) General nature of industry, business or establishment in which employed (or employer) Penn. R. R.  
(c) Name of employer

9. BIRTHPLACE (City or town) Penna. (State or country)

10. NAME OF FATHER William J. Sutherland

11. BIRTHPLACE OF FATHER (City or town) Canada (State or country)

12. NAME OF MOTHER Margaret Connors

13. BIRTHPLACE OF MOTHER (City or town) Canada (State or country)

14. Informant Mrs C B McLean (Address) 104 W 6th St

15. Filed Sept 22, 1927 Alb City Elizabeth M. Brodhead REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9/20 1927  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1927 to Sept 20th, 1927 that I last saw him alive on Sept 20th, 1927 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH\* was as follows:  
Accidental Struck by Auto laved near 2 hrs. Be the legs broken - had a sharp internal hemorrhage died from shock (duration) Bridges mos. 2 hrs. ds.

CONTRIBUTORY Struck by auto & accidently (SECONDARY) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 188c

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? (Signed) W M Nelson, M. D. Sept 21 1927 (Address) Franklin Penn

\* 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 Grove Hill Cemetery Dist. C. DATE OF BURIAL 9/23/27

20. UNDERTAKER Boyd N. Park Inc ADDRESS Franklin

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.