

H105 112 600M REV 2-78
 (100 Cert. per book)
 (FEE FOR THIS
 CERTIFICATE \$2.00)

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH-VITAL RECORDS

No. 4808332

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. _____

Full Name of Deceased Isabelle M. Lewis
First Middle Last

Residence Kendal at Longwood, Kennett Square, Cheo. Co. Pa.
Number Street City or Town County State

Place of Death Chester Co. Kennett Twp. Pennsylvania
County City, Borough or Township

Sex female Date of Death Dec. 28, 1984 Race white

Date of Birth Feb. 8, 1897 Birthplace New York Marital Status wid.

Social Security No. 262-82-4008 Occupation _____ Veteran's Serial No. _____

MEDICAL CERTIFICATE

Interval Between Onset and Death

Part I. Death was caused by:
 Immediate Cause (a) Aspiration
 Due To (b) Alzheimer's disease
 Due To (c) Parkinson's Syndrome

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

Accident, Suicide or Homicide _____ How did injury occur _____

Name and Title of Person Who Certified Cause of Death (M.D., D.O., Coroner, M.E.) L. Peter Soraruf

Address Kennett Square
Street City

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Alice E. Flinig 15-165
 Local Registrar of Vital Records District No.

201 RAY-MAR RD.
 Street Address OXFORD, PA. 19363 City, Borough, Township

29 Dec. 1984
 Date Received by Local Registrar



2 Jan 1985
 Date of Issue of This Certification