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300
CERTIFICATE OF DEATHCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of PHILADELPHIA,

Registration District No. 1

File No. 47938

Township of _____

Primary Registration District No. _____

Registered No. 11758

or
Borough of _____

City of PHILADELPHIA,

Hospital
or
Institution

THE ANDERSON HOSPITAL

2. FULL NAME

Carland Thomas Scott, Jr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *5-14-1931*7. AGE Years Months Days IF LESS than
1 day ____ hrs.
or ____ min.
2 1/2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (City or town) *Philadelphia*
(State or country) *Penna.*10. NAME OF FATHER *Carland T. Scott*11. BIRTHPLACE OF FATHER (City or town) _____
(State or country) *Virginia*12. NAME OF MOTHER *Edna Waldenbacher*13. BIRTHPLACE OF MOTHER (City or town) *Philadelphia Pa*
(State or country)14. Informant *Carland Scott*
(Address) *2600 W. 1st St*

15. Filed _____, 19 _____

11-3184

MAY 18 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 16th 1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from,
May 14, 19*31* to *May 16*, 19*31*,that I last saw him alive on *May 16*, 19*31*.and that death occurred, on the date stated above, at *12:45 A.M.*

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
*Buth. Pressure.**16TB* (duration) ____ yrs. ____ mos. *2* dsCONTRIBUTORY (Secondary) *16th*
(duration) ____ yrs. ____ mos. ____ ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? *Strouse*(Signed) *Leo Strouss*, M. D.*May 16*, 19 *31* (Address) *3222 N Broad**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*New Cathedral*

DATE OF BURIAL

May 18 31

20. UNDERTAKER

H. Mulligan

ADDRESS

*1117 Schuyler*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.

Pennsylvania, Death Certificates, 1906-1964 for Garland T Scott

Record Index

Name: Garland T Scott
Gender: Male
Race:
Age:
Birth Date:
Birth Place: Virginia
Death Date:
Death Place:
Father:
Mother:
Spouse: Edna Kaldinbacher
Child: Garland Thomas Scott
Certificate Number:
:

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=PADeathCollection&h=603409726>

Source Citation: Pennsylvania Historic and Museum Commission; Pennsylvania, USA; Certificate Number Range: 046001-049000

Source Information: Ancestry.com. *Pennsylvania, Death Certificates, 1906-1964* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.
Original data: Pennsylvania (State). Death certificates, 1906–1963. Series 11.90 (1,905 cartons). Records of the Pennsylvania Department of Health, Record Group 11. Pennsylvania Historical and Museum Commission, Harrisburg, Pennsylvania.