

Registered No. 13
 2 FULL NAME John S. Daniels
 (NO. _____ ST.; _____ WARD)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH May 10, 1885
 (Month) (Day) (Year)

7 AGE 32 YRS. 10 MOS. 11 DS. _____ hrs. or _____ min.?
 If LESS than 1 day, how many

8 OCCUPATION Quarry & Steam Drill
 (a) Trade, profession or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE ny
 (State or country)

10 NAME OF FATHER Stephen Daniels
 11 BIRTHPLACE OF FATHER Poland
 (State or country)
 12 MAIDEN NAME OF MOTHER Frances Gowataski
 13 BIRTHPLACE OF MOTHER Poland
 (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (INFORMANT) Rosy Daniels
 (ADDRESS) Albion ny

15 FILED Mar 23, 1915 J. P. Hunt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 22, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Mar 20
8, TO Mar 22, 1915, THAT I LAST SAW HIM ALIVE ON Mar 21, 1915, AND THAT DEATH OCCURRED, ON THE DATE STATED

ABOVE, AT 8:40 A. M. OR P. M. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute general septic peritonitis, originating from a ruptured tubercular appendicitis

(Duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Acute pulmonary
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. W. Jackson M.D.
Mar 23, 1915 (Address) Albion ny

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL St Joseph's Cem 21 DATE OF BURIAL Mar 25, 1915

20 UNDERTAKER McCall & McCall ADDRESS Albion ny

BURIAL OR TRANSIT } PERMIT ISSUED BY J. P. Hunt
 DATE OF ISSUE Mar 24