

8302

THE PANAMA CANAL

CERTIFICATE "A"

HEALTH DEPARTMENT

ANCON HOSPITAL

Ancon, C. Z., September 27th, 1924.

CERTIFICATE AND RECORD OF DEATH REQUIRED BY THE NEW YORK HEALTH AUTHORITIES

Name Pvt. FRANK GODIN (R-360036)Place of death ANCON HOSPITAL,Sex Male Color WhiteCharacter of premises,
whether tenement, pri-
vate, etc. If hotel, hos-
pital or other institu-
tion, state full titleAge 36

Single, married, widowed or divorced

MarriedAncon Hospital, Ancon, C. Z.Occupation Soldier, U. S. ArmyFather's name Samuel Godin,Birthplace Massachusetts, U.S.A.Father's birthplace France.

How long in U. S., if foreign birth

Mother's maiden name Mary Nichols,

How long resident in city of New York

Mother's birthplace Canada.

I hereby certify that I attended deceased from March 7th, 1924,
to March 18th, 1924, and that I last saw him alive on the
18th day of March, 1924, that he died on
the 18th day of March, 1924, about
12:10 o'clock P. M., and that, to the best of my knowledge and belief, the cause of his

death was as follows: PARALYTIC ILEUS (225)Contributory (Secondary):ACUTE DILATATION OF THE STOMACH (203)
(Following bilateral herniotomy).Witness my hand this 27th day of September, 1924.H. K. Tuttle,

M. D.,

Residence ANCON HOSPITAL,ANCON, C. Z.