

# Remembering the effect of another pandemic

The Bethlehem Gadfly Spanish Flu March 27, 2020

Gadfly's maternal grandfather, George F. Coxe, garage foreman, died in the Spanish Flu pandemic, 1918, age 30, when my mother was five, precipitating a family slide into poverty and alcoholism that lasted decades.

This picture and this document is literally all I know about him. He disappeared from history. Leaving a gap in my DNA. Not even a gravestone to visit.



Form V. S. No. 3-A-10-26-09.

**1. PLACE OF DEATH.**

County of **PHILADELPHIA,**  
 Township of \_\_\_\_\_  
 or  
 Borough of \_\_\_\_\_  
 or  
 City of **PHILADELPHIA.**

Registration District No. **1.**  
 Primary Registration District No. \_\_\_\_\_  
 (No. **5437 Regent St** St. **40<sup>th</sup>** Ward.)

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 File No. **141583**  
 Registered No. **39231**

**2. FULL NAME** *George J. Cope*

**CERTIFICATE OF DEATH.**

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<b>3. SEX</b> <i>male</i>	<b>4. COLOR OR RACE</b> <i>White</i>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> <i>married</i>	<b>16. DATE OF DEATH</b> <i>Oct. 28 1918</i>	
<b>6. DATE OF BIRTH</b> <i>Feb. 22 1888</i>			<b>17. I HEREBY CERTIFY, That I attended deceased from Oct. 13<sup>th</sup> 1918, to Oct. 27 1918, that I last saw him alive on Oct. 27<sup>th</sup> 1918, and that death occurred, on the date stated above, at 9:30 A.M. The CAUSE OF DEATH* was as follows:</b>	
<b>7. AGE</b> <i>30 yrs. 8 mos. 6 ds.</i>			<i>mitral Stenosis</i> <i>79 1/2</i> Duration: yrs. mos. <i>14</i> ds.	
<b>8. OCCUPATION</b> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			<b>Contributory</b> (Specify)	
<b>9. BIRTHPLACE</b> (State or Country) <i>Penn.</i>			In deaths of children under 2 years of age, state if Breast fed or Artificially fed.	
<b>10. NAME OF FATHER</b> <i>George J. Cope</i>			(Signed) <i>S. A. Shaffer</i> M. D.	
<b>11. BIRTHPLACE OF FATHER</b> (State or Country) <i>Penn.</i>			19 (Address) <i>5547 Chestnut Av.</i>	
<b>12. MAIDEN NAME OF MOTHER</b> <i>Mary A. Dwyer</i>			*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.	
<b>13. BIRTHPLACE OF MOTHER</b> (State or Country) <i>Penn.</i>			<b>18. LENGTH OF RESIDENCE (FOR TRANSIENTS OR RECENT RESIDENTS).</b> 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 _____	
<b>14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.</b> (Informant) <i>Marie H. Cope</i> (Address) <i>5437 Regent St.</i>			<b>19. PLACE OF BURIAL OR REMOVAL</b> <i>Holy Cross Cemetery</i>	
<b>15.</b> Filed <i>NOV 2 1918</i> <i>W. J. Lawrence</i> <i>Etch</i> Local Registrar			<b>DATE OF BURIAL</b> <i>Nov 2 1918</i>	
			<b>20. UNDERTAKER</b> <i>Wm J. Nolan</i>	
			<b>ADDRESS</b> <i>5630 Chestnut</i>	

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.

Has your family "escaped" such outbreaks? Ebola? H1N1? AIDS? Asian Flu? Polio?

What stories do you have to tell?

Would you share?