

6052

360

## 1. PLACE OF DEATH.

County of Allegheny

Township of .....

or  
Borough of .....or  
City of Pittsburgh

Registration District No. ....

Primary Registration District No. ....

(No. Municipal Hospital St., 5<sup>th</sup> Ward.)COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICSFile No. 66799Registered No. 6170[If death occurred in a  
Hospital or Institution,  
give its NAME instead  
of street and number.]2. FULL NAME Jennie Zattiero

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED Single  
(Write the word.)6. DATE OF BIRTH November 29 1914  
(Month) (Day) (Year)7. AGE 2 yrs. 6 mos. 28 ds. 27  
If LESS than 1 day  
how many.....hrs. or  
.....min?8. OCCUPATION  
(a) Trade, profession, or,  
particular kind of work Child  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9. BIRTHPLACE.  
(State or Country) Penna10. NAME OF FATHER Marshall Zattiero11. BIRTHPLACE  
OF FATHER  
(State or Country) Italy12. MAIDEN NAME  
OF MOTHER Rapuli-Elizabeth13. BIRTHPLACE  
OF MOTHER  
(State or Country) Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Marshall Zattiero  
(Address) 612 Penn AveJUN 8 7 1920 O. Crawford  
led.....191.....  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 26 1920  
(Month) (Day) (Year)17. I HEREBY CERTIFY. That I attended deceased from  
June 26 1920, to June 26 1920,  
that I last saw h. et alive on June 26 1920,  
and that death occurred, on the date stated above, at 6:45 P. M.  
The CAUSE OF DEATH\* was as follows:Laryngeal diphtheria090(Duration) 0 yrs. 0 mos. 7 ds.Contributory  
(Secondary.)

(Duration).....yrs.....mos.....ds.

(Signed) W. J. McClure M. D.June 26 1920 (Address) Municipal Hospital\*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 0 yrs. 0 mos. 0 ds. In the State.....yrs.....mos.....ds.Where was disease contracted, St. Rita's Home  
If not at place of death? Jamehill St., CityFormer or usual residence 2003 Penn Ave, City19. PLACE OF BURIAL OR REMOVAL Calvary Cemetery DATE OF BURIAL June 28 1920  
191.....20. UNDERTAKER J. J. Hanney Bur Co ADDRESS 514 Grant St