

PLACE OF DEATH.

County of Meigs
 Township of Springfield
 or
 Borough of
 or
 City of 43 No. 9 St., Ward.)

CERTIFICATE OF DEATH

Registration District No. 692
 Primary Registration District No. 3028

COMMONWEALTH OF PENNSYLVANIA.
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS.

File No. 98751Registered No. (31)

[If death occurred in a
 Hospital or Institution,
 give its NAME instead
 of street and number.]

2. FULL NAME Samuel Gattiero

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 Dec 18/08 (Month) 1 (Day) (Year)

7. AGE 5 yrs. 8 mos. 4 ds. If LESS than 1 day
 how many.....hrs. or
min. ?

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

9. BIRTHPLACE Springfield Co Pa
 State or Country)

10. NAME OF FATHER Marshall Gattiero

11. BIRTHPLACE OF FATHER Austria
 (State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth de Pauli

13. BIRTHPLACE OF MOTHER Austrian
 (State or Country)

4. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant Marshall Gattiero
 (Address) Volant Pa B.D #65

5. Filed Oct 24 1914 J. M. Campbell
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 22 (Day) 1914 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1914, to..... 191.....

that I last saw him alive on Oct. 22 1914,

and that death occurred, on the date stated above, at 11 P. M.
 The CAUSE OF DEATH* was as follows:

Unknown, Possibly from ingestion of
 some poison. He drank a bottle full
 of ink Oct. 2/14.
 (Duration) 17 hours 165 mos. ds.

Contributory accid. poison
 (Secondary.) (Duration)..... yrs. mos. ds.

(Signed) Harley Cotton M. D.

10/22 1914 (Address) Volant-Pa. B.D #65

*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, Tran-
 sients 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 Nazareth. DATE OF BURIAL Oct 24 1914

20. UNDERTAKER J. H. Black & Son ADDRESS Grove City Pa.