

PLACE OF DEATH.

CERTIFICATE OF DEATH.

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

County of Beaver  
Township of .....  
or  
borough of .....  
or  
City of Beaver Falls

Registration District No. 188  
Primary Registration District No. 1048

File No. 35122  
Registered No. 65

(No. 2310, 12 Ave St.; ..... Ward.)

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

2. FULL NAME Alma Antoniacomi

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word.)  
DATE OF BIRTH Dec 2 1909  
(Month) (Day) (Year)  
AGE 5 yrs. 18 mos. If LESS than 1 day how many.....hrs. or .....min.?

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

BIRTHPLACE (State or Country) Pa

10. NAME OF FATHER Paul Antoniacomi

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Cinzia D'Andrea

13. BIRTHPLACE OF MOTHER (State or Country) Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
Informant) Paul Antoniacomi  
(Address) 2310 12 Ave

Filed April 25 1910 J.M. Roberts  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 24 1910  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1909, to Apr 24 1910, that I last saw him alive on Feb 15 1910 and that death occurred, on the date stated above, at 8 P M. The CAUSE OF DEATH\* was as follows:

Malnutrition 47  
(Duration) ..... yrs. 4 mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) Howard S. Rich M. D.  
Apr 25 1910 (Address) Beaver Falls Pa

\*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 Mary's Cem DATE OF BURIAL Apr 25 1910

20. UNDERTAKER G.S. Lutton ADDRESS Beaver Falls