

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Allegheny  
Township of .....  
or  
Borough of Etna  
or  
City of .....

Registration District No. 133  
Primary Registration District No. 1042

File No. 85703  
Registered No. 74

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

2. FULL NAME Matilda Zattlers  
(a) Residence. No. Beverly Ave. St., ..... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25-1854

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
82 8 17

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

9. BIRTHPLACE (city or town) Italy  
(State or Country)

10. NAME OF FATHER Joseph Adigo

11. BIRTHPLACE OF FATHER (city or town) Italy  
(State or Country)

12. NAME OF MOTHER Catherine Tico

13. BIRTHPLACE OF MOTHER (city or town) Italy  
(State or Country)

14. Informant Anna Zattlers  
(Address) Beverly Ave

15. Filed 9/13, 1927 G. E. CARSON  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 12 1927  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927 to Sept 11, 1927, that I last saw her alive on Sept 11, 1927 and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH\* was as follows: see next page!  
Complications of heart & kidney disease

(duration) 90-131 yrs. mos. days

CONTRIBUTORY Dropsy  
(Secondary) (duration) yrs. Mos. days

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tests on lungs - blebs of emphysema on lungs. Could not be done.  
(Signed) J. H. Speed, M.D.  
Sept. 13, 1927 (Address) Etna, Pa.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery DATE OF BURIAL Sept 15<sup>th</sup> 1927

20. UNDERTAKER John J. Hannery, Etna, Pa. ADDRESS 30 Forward St

(OVER) Pittsburgh Pa

Exact Statement of OCCUPATION is very important. See instructions on back of certificate.