

## PLACE OF DEATH.

County of Cambria

Township of .....

or

Borough of Gallitzin Pa

or

City of .....

Registration District No. 309Primary Registration District No. 1131

COMMONWEALTH OF PENNSYLVANIA.

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

File No. 23420Registered No. 28[If death occurs away from  
USUAL RESIDENCE  
give facts called for under  
"Special Information."]

FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 17 1908  
(Month) (Day) (Year)

AGE 8 years, 8 months, 23 days.

SINGLE, MARRIED,  
WIDOWED, OR DIVORCEDBIRTHPLACE  
(State or Country)

OCCUPATION

NAME OF  
FATHERBIRTHPLACE  
OF FATHER  
(State or Country)MAIDEN NAME  
OF MOTHERBIRTHPLACE  
OF MOTHER  
(State or Country)THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE  
TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Filed

3/31 1909

Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

3 30th 1909  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from  
Mar 10th 1909 to Mar 25 1909  
that I last saw him alive on Mar 25th 1909  
and that death occurred, on the date stated above, at 9  
A M. The CAUSE OF DEATH was as follows:

M. The CAUSE OF DEATH was as follows:

Pleuro Pneumonia 226  
(Duration) 18 Days

Contributory Wentilation & Cold  
(Duration) \_\_\_\_\_ Days

Signed: G. F. McDonald M. D.  
3/31 1909 (Address) Gallitzin Pa

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or  
Recent Residents.

Former or Usual Residence \_\_\_\_\_ How long at Place of Death \_\_\_\_\_? Days

Where was disease contracted? \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Funeral Hill DATE OF BURIAL 3/31 1909

UNDERTAKER A. J. Connor ADDRESS Gallitzin

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.