

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

1107

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County New Castle
Hundred New Castle
or Village
or City New Castle No. R.D. St. Ward.

2 FULL NAME Harry Valone

28

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX White 4 COLOR OR RACE Male 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

16 DATE OF DEATH April 12, 1931
(Month) (Day) (Year)

6 DATE OF BIRTH May 20, 1870
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1931, to April 12, 1931,
(Month) (Day) (Year) (Month) (Day) (Year)

7 AGE 60 yrs. mos. ds. If less than 1 day, hrs. or min.

that I last saw him alive on April 11, 1931,
and that death occurred, on the date stated above, at 6.15 A. M. P. M.

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

The CAUSE OF DEATH * was as follows:

9 BIRTHPLACE (State or country) Italy

Tuberculosis of the larynx

10 NAME OF FATHER F. Valone

(Duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (State or country) Italy

Contributory Secondary (Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Maddalena Valone

(Signed) Louis B... M. D.

13 BIRTHPLACE OF MOTHER (State or country) Italy

April 13, 1931 (Address) New Castle

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Louise Vallone
(Address) New Castle Del.

* 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 ULIAN LUGIA "LONGU" VEDOVA TICO' FIORAVANTE, PAVONI FRANCESCO E VALLONE HARRY
Where was disease contracted, If not at place of death?
Former or usual residence:

15 Filed,, 19... LOCAL SUB-REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Cathedral Cem. DATE OF BURIAL Apr. 15, 1931

Filed, Apr. 15, 1931 Mary A. Gilbert LOCAL REGISTRAR

20 UNDERTAKER Wm. Smith ADDRESS 2312 Market St. April Del

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.