

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

57014  
File No.

1. PLACE OF DEATH  
County of Cambria  
Township of East Carroll  
or  
Borough of  
or  
City of

Registration  
District No.  
Primary Registration  
District No. 11-04-81

536  
Registered No. 27

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

2. FULL NAME Not Named (Mell) Dandrea  
(a) Residence, No. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day and year) June 5 1932

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

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

9. BIRTHPLACE (city or town) East Carroll Twp Pa.  
(State or Country)

10. NAME OF FATHER Gilbert Dandrea

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

12. NAME OF MOTHER Olive Durandetti

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

14. Informant Gilbert Dandrea  
(Address) Patton Pa.

15. Filed 6/5 1932 Y. E. Lips  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 5 1932  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1932 to June 5 1932 that I last saw him alive on stillborn 6-5 1932 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH\* was as follows: Diphtheria

4/44  
(duration) yrs. mos. days

CONTRIBUTORY (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? Microbiol. & clinical finding  
(Signed) Rosa K. Cooper M. D. D. O.  
6-5-1932 401 Magee Ave. Patton

\*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 Patton Pa. (Parson) DATE OF BURIAL June 5 1932

20. UNDERTAKER J. Edwin Stevens ADDRESS Carrolltown Pa.

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, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.