

## 1. PLACE OF DEATH.

County of Lawrence  
 Township of Wayne  
 or  
 Borough of 37-9  
 or  
 City of 37-9 (No. \_\_\_\_\_, St., \_\_\_\_\_ Ward.)

## CERTIFICATE OF DEATH

Registration District No. 613  
 Primary Registration District No. 2871

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

File No. 51716  
 Registered No. 62

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

## 2. FULL NAME

Hugo De Paul

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED  
 OR DIVORCED single  
 (Write the word.)

## 16. DATE OF DEATH

May 31st 1916  
 (Month) (Day) (Year)

## 6. DATE OF BIRTH

3-31-1914  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from  
May 21st 1916, to May 24th 1916,

## 7. AGE

2 yrs. 2 mos. - ds.

If LESS than 1 day  
 how many.....hrs. or  
 .....min. ?

that I last saw him alive on May 24th 1916,  
 and that death occurred, on the date stated above, at 9 A M.  
 The CAUSE OF DEATH\* was as follows:

## 8. OCCUPATION

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

Child at home

Gastritis  
103  
 (Duration) ..... yrs. .... mos. .... ds.

9. BIRTHPLACE  
 (State or Country)

Beaver Co., Pa.

Contributory (Secondary) Inherited constitutional  
weakness. (Duration) ..... yrs. .... mos. .... ds.

## 10. NAME OF FATHER

Emil De Paul

(Signed) C. M. Deeman M D.

11. BIRTHPLACE OF FATHER  
 (State or Country)

Italy

5/31/ 1916 (Address) Edwood City

## 12. MAIDEN NAME OF MOTHER

Mary Perinetti

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER  
 (State or Country)

Italy

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At Place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary De Paul  
 (Address) Edwood City, Pa.

Where was disease contracted,  
 If not at place of death?  
 Former or usual residence.....

## 19. PLACE OF BURIAL OR REMOVAL

## DATE OF BURIAL

Locust Grove 6-1- 1916

## 20. UNDERTAKER

## ADDRESS

J. J. Foster Edwood City, Pa.

Filed May 31 1916

H E McGee  
 Local Registrar