

Sun. 6 P.M.

14-9
CERTIFICATE OF DEATH.COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

1. PLACE OF DEATH.

County of Beaver
Township of Big Beaver
or
Borough ofRegistration District No. 201Primary Registration District No. 2104File No. 75356Registered No. 249

City of (No. St.; Ward.)

[If death occurred in a
Hospital or Institution,
give its NAME instead
of street and number.]2. FULL NAME Katie Paul

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED
OR DIVORCEDFemale White (Write the word.)

6. DATE OF BIRTH

May 29 1912
(Month) (Day) (Year)

7. AGE

If LESS than 1 day
how many.....hrs. or
.....min.?
.....yrs. 2 mos. 15 ds.

8. OCCUPATION

(a) Trade, profession, or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed (or employer)9. BIRTHPLACE
(State or Country)Pa.10. NAME OF
FATHEREmol Paul11. BIRTHPLACE
OF FATHER
(State or Country)Italy12. MAIDEN NAME
OF MOTHERMary Perisuth13. BIRTHPLACE
OF MOTHER
(State or Country)Italy

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

(Informant) Emol Paul(Address) Kopple Pa

15.

Filed Aug 5/12 191...W. D. Stinson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 4 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 31 1912, to Aug 1 1912that I last saw her alive on July 1 1912and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

neurasmus
391
(Duration).....yrs.....mos.....ds.Contributory
(SECONDARY.)

(Duration).....yrs.....mos.....ds.

(Signed) C. D. Mott M. D.Aug 6 1912 (Address) New Galilee Pa*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 In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....dsWhere was disease contracted,
If not at place of death?
Former or
usual residence.....

19. PLACE OF BURIAL OR REMOVAL

Boytale

DATE OF BURIAL

Aug. 5 1912

20. UNDERTAKER

D.M. Marshall

ADDRESS

Wampum

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.