

Primary Dist. No. 3701-01

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

115

52452

File No. _____
Registered No. 71

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Lawrence
Township _____
Borough Ellwood City
City _____

No. _____ St. _____ Ward. _____
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.
(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) George Bevivino
Residence: No. 707 Wayne ave St. 1 Ward. _____
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) 1-4-1894

7. AGE Years 43 Months 4 Days 14 If LESS than 1 day, _____ hrs. or _____ mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Italy

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or Country) Italy

15. MAIDEN NAME Angelina Scafaro

16. BIRTHPLACE (city or town) (State or Country) Italy

17. SIGNATURE (name and address) OF INFORMANT Mrs. Lula Bevivino Ellwood City Pa

18. BURIAL, CREMATION, OR REMOVAL: Date May 24, 1937
Place Lawson's Home County Beaver State Pa.

19. UNDERTAKER (name and address) W. D. Porter Ellwood City Pa

20. FILED 5-20, 1937 Lee Meniere Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18- 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19-, 1937, to May 18-, 1937

I last saw him alive on May 18-, 1937; death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Apr 1- 1937

Other contributory causes of importance:

mitral Insufficiency ??
mitral Stenosis ??

Name of operation None Date of _____

What test confirmed diagnosis? Physical signs (Was there an autopsy? No)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of Injury _____, 193

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) J. P. Rivette M. D.

(Address) New Castle, Pa.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD 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. 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.