

1. PLACE OF DEATH.

County of Cambria

Township of Nant 4 Gb  
or  
Borough of  
or  
City of

CERTIFICATE OF DEATH

Registration District No. 1714  
Primary Registration District No.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

File No. 79510  
Registered No. 45

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

2. FULL NAME Milbert Dandrea

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH August 27, 1921  
(Month) (Day) (Year)

7. AGE 1 If LESS than 1 day how many.....hrs. or .....min?  
yrs. mos. ds.

8. OCCUPATION Child  
(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) Nant 4 Gb Pa

10. NAME OF FATHER Gilbert Dandrea

11. BIRTHPLACE OF FATHER (State or Country) Cambria Co Pa.

12. MAIDEN NAME OF MOTHER Olivia Durandette

13. BIRTHPLACE OF MOTHER (State or Country) Camb. Co Pa.

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

(Informant) Gilbert Dandrea  
(Address) Nant 4 Gb Pa

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 28, 1921  
(Month) (Day) (Year)

17. I HEREBY CERTIFY. That I attended deceased from Aug 27, 1921, to Aug 28, 1921  
that I last saw him alive on Aug 28, 1921  
and that death occurred, on the date stated above, at..... M.  
The CAUSE OF DEATH\* was as follows:

Atelectasis of Lungs  
162 (Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) M C Dummer M. D.  
8-29 1921 (Address) Nant 4 Gb 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 of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.  
Where was disease contracted, If not at place of death?  
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL St Marys Cemetery Nant 4 Gb DATE OF BURIAL Aug 29, 1921

20. UNDERTAKER George J Ondrejch ADDRESS Nant 4 Gb Pa

15. Filed Aug 29 1921 Mrs A. M. Keating  
Local Registrar

important. See instructions on back of certificate.