

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

400

File No. 21652

Primary
Dist. No. 11-01-81

CERTIFICATE OF DEATH

Registered No. 2

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| 1. PLACE OF DEATH a. COUNTY <i>Cambria</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Pa</i> b. COUNTY <i>Cambria</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <i>Dean twp</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <i>Dysart</i> | |
| c. LENGTH OF STAY (In this place) <i>30 yrs</i> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Valentonia</i> b. (Middle) c. (Last) <i>Cella</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 28 1951</i> | | |
| 5. SEX <i>F</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> | 8. DATE OF BIRTH <i>Dec 3 1861</i> | 9. AGE (In years last birthday) <i>89</i> | If under 1 year: Months Days If under 24 hrs: Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Also give State or foreign country) <i>Italy</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
| 13. FATHER'S NAME <i>Unknown</i> | | 14. MOTHER'S MAIDEN NAME <i>Unknown</i> | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT'S OWN SIGNATURE <i>Mary Taylor</i> ADDRESS <i>Dysart, Pa</i> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congenital Heart Failure</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>One month</i> <i>Indefinite</i> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <i>422.2</i> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from *Jan 3 1951* to *3/23 1951*, that I last saw the deceased alive on *3/23 1951*, and that death occurred at *11:00 a.m.*, E.S.T., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Edward B. M. Jones</i> M.D. or other | 23b. ADDRESS <i>Patton Pa</i> | 23c. DATE SIGNED <i>3/29/51</i> |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>Mar 30 51</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>St Thomas</i> | 24d. LOCATION (Town, township and county) (State) <i>Ashville, Cambria, Pa</i> |
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| DATE REC'D BY LOCAL REG. <i>3-29-51</i> | REGISTRAR'S SIGNATURE <i>Eulalia Godfrey</i> | 25. SIGNATURE OF FUNERAL DIRECTOR <i>W.A. Gibbons</i> ADDRESS <i>Ashville, Pa</i> |
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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.