

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

39

File No. **121548**  
**25985**

1. PLACE OF DEATH

County of PHILADELPHIA,

Township of .....

or  
Borough of .....

City of PHILADELPHIA,

Registration District No. 1.

Primary Registration District No. ....

Registered No. ....

Hospital  
or  
Institution

*Methodist Episcopal Hospital*  
*Mrs. Jennie Forrest*

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

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

*F* *W.* *Married.*

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

*Antonis Forrest.*

6. DATE OF BIRTH (month, day and year)

*May 22 - 1885*

7. AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.

*43* *6* *16*

8. OCCUPATION OF DECEASED

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

*House wife*

9. BIRTHPLACE (City or town) (State or country)

*Forni Di Sopre.*  
*Italy*

10. NAME OF FATHER

*Stefano Antoniacomi*

11. BIRTHPLACE OF FATHER (City or town) (State or country)

*Forni Di Sopre.*  
*Italy*

12. NAME OF MOTHER (Maiden)

*unknown*

13. BIRTHPLACE OF MOTHER (City or town) (State or country)

*Italy.*

14. Informant (Address)

*Benjamin Di Andrea*  
*597 Coates St. Coatesville Pa.*

15. Filed 19 *1928* REGISTRAR.

11-3184

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Dec. 8, 1928.*  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Nov. 20, 1928* to *Dec. 8, 1928* that I last saw her alive on *Dec. 8, 1928*

and that death occurred, on the date stated above, at *12:40 a. m.*

The CAUSE OF DEATH\* was as follows:

*Carcinoma of stomach*

*44* (duration) *44* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *A. H. Roberts*, M. D.

*Dec. 8, 1928* (Address) *Methodist Episcopal Hosp.*

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, AND (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

*St. Le Celias*

DATE OF BURIAL

*Dec. 11th. 1928.*

20. UNDERTAKER

*George H. Linneman*

ADDRESS

*Coatesville.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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. MARGIN RESERVED FOR BINDING. PHYSICIANS should state statement of OCCUPATION.

DEC 10 1928