

1. PLACE OF DEATH.

County of ALLEGHENY

Township of

or
Borough of PITTSBURGH

City of

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No.

(No. 44 — 13th St., 2 Ward.)COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.File No. 52323Registered No. 3949[If death occurred in a
Hospital or Institution,
give its NAME instead
of street and number.]

2. FULL NAME

Romana Agnese

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED M.
(Write the word.)6. DATE OF BIRTH Feb. 22 1880
(Month) (Day) (Year)7. AGE 35 yrs. 3 mos. 5 ds. If LESS than 1 day
how many.....hrs. or
.....min. ?

8. OCCUPATION

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

9. BIRTHPLACE

(State or Country) Italy10. NAME OF FATHER Julia Pandrea11. BIRTHPLACE OF FATHER
(State or Country) Italy12. MAIDEN NAME OF MOTHER Lucia Pandrea13. BIRTHPLACE OF MOTHER
(State or Country) Italy

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

(Informant) Mr. Carlo Agnese(Address) 44 — 13th St.

15.

Filed May 28 1915 J. Edwards
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH MAY 27 1915
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Apr. 29 1915, to MAY 27 1915 1915,
that I last saw her alive on " 26 1915,
and that death occurred, on the date stated above, at 2³⁰/₉ M.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis
(Duration) 28 yrs. mos. ds.Contributory
(Secondary.)
(Duration) yrs. mos. ds.(Signed) J. J. Seipel M. D.MAY 27 1915 (Address) 3406 Fifth Ave.*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, Tran-
sients 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 44 — 13th St.19. PLACE OF BURIAL OR REMOVAL St. Marys DATE OF BURIAL May 29 191520. UNDERTAKER R. C. Scrittini ADDRESS 123 Meadow St.