

CERTIFICATE OF DEATH

1. PLACE OF DEATH.
County of Cambria
Township of Patten
or Borough of Patten
or City of _____ (No. _____ St., _____ Ward.)

Registration District No. 312
Primary Registration District No. 1133

File No. 123804
Registered No. 49

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

2. FULL NAME John, Bandrea

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH May 4 1860
(Month) (Day) (Year)

7. AGE 68 yrs. 7 mos. 24 ds. If LESS than 1 day how many.....hrs. ormin. ?

8. OCCUPATION (a) Trade, profession, or, particular kind of work Stone Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER Stefan Bandrea

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Theresa Cella

13. BIRTHPLACE OF MOTHER (State or Country) Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm Bandrea
(Address) Patten Pa Box 303 Pa

15. Filed Dec 29 1928 S. Bandrea
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 28 1928
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1928, to Dec 28 1928, that I last saw h him alive on Dec 28 1928

and that death occurred, on the date stated above, at 1025 A M. The CAUSE OF DEATH* was as follows:
Carcinoma of Liver and gall Bladder

(Duration) 44 yrs. mos. ds.

Contributory (Secondary.) PADRE : D'ANDREA STEFANO
(Duration) yrs. mos. ds.

(Signed) [Signature] M. D. Dec 29 1928 (Address) Patten 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? MADRE : THERESA CELLA
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Patten Pa (St Mung) DATE OF BURIAL Dec 31 1928

20. UNDERTAKER John Brown ADDRESS Carrollton Pa

MARGIN RESERVED FOR BINDING.

BE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.