

1. PLACE OF DEATH.

County of Franklin
 Township of Quincy
 or
 Borough of Mont Alto
 or

CERTIFICATE OF DEATH.

Registration District No. 523
 Primary Registration District No. 2693

COMMONWEALTH OF PENNSYLVANIA.
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS.

File No. 28715

Registered No. 50A

City of _____ (No. _____, St.; _____ Ward.)

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

2. FULL NAME

Joseph D'Andrea

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH 4 - 13 1872
 (Month) (Day) (Year)

7. AGE 38 yrs. 11 mos. 6 ds.
 If LESS than 1 day how many.....hrs. ormin.?

8. OCCUPATION

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

9. BIRTHPLACE
(State or Country)

Italy

10. NAME OF FATHER Stephen D'Andrea

11. BIRTHPLACE OF FATHER
(State or Country)

Italy

12. MAIDEN NAME OF MOTHER

Teresa Bella

13. BIRTHPLACE OF MOTHER
(State or Country)

Italy

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

(Informant) Deceased
 (Address) Gallitzin Cambria Co. Pa

15. Filed Mar 29 1911 H. Reynolds
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 19 1911
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-16 1910, to 3-19-1911, that I last saw him alive on 3-18-1911, and that death occurred, on the date stated above, at 9.40 A. M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

30 (Duration) — yrs. — mos. — ds.
 Contributory (SECONDARY) _____

(Duration) — yrs. — mos. — ds.

(Signed) F. B. E. Miller M. D.
3-19-1911 (Address) Mont Alto, 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. 3.....mos. 3.....ds. In the State.....yrs.mos.ds.

Where was disease contracted, If not at place of death? _____
 Former or usual residence. Gallitzin, Cambria Co. Pa

19. PLACE OF BURIAL OR REMOVAL Gallitzin Pa. DATE OF BURIAL Mar 21 1911

20. UNDERTAKER M. S. Jacobs ADDRESS Mont Alto Pa.