

PLACE OF DEATH.

County of

Cambria

Township of

or

Borough of

or

City of

(No.)

COMMONWEALTH OF PENNSYLVANIA.

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

Registration District No. *309*File No. *33557*

Primary Registration District No.

Registered No. *67*[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."]

FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

August 29 1898
(Month) (Day) (Year)

AGE

7 years, *8* months, *—* daysSINGLE, MARRIED,
WIDOWED, OR DIVORCEDBIRTHPLACE
(State or country)*Italy*NAME OF
FATHER*Louis D'Andrea*BIRTHPLACE
OF FATHER
(State or country)*Prov. Udine*MAIDEN NAME
OF MOTHER*Emilia Visco*BIRTHPLACE
OF MOTHER
(State or country)*Prov. Udine*

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Louis D'Andrea

(Address)

Gallitzin Pa

Filed

*4/28 1906**J. R. Gorman*

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April 28 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

*April 27 1906 to April 28th 1906*that I last saw him alive on *April 27th 1906*and that death occurred, on the date stated above, at *130*

A.M. The CAUSE OF DEATH was as follows:

Membrane Croup(Duration) *4* Days

Contributory

Cold

(Duration) Days

(Signed)

G. F. MacDonald

M. D.

April 28th 1906 (Address) *Gallitzin Pa.*SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or
Recent Residents.Former or
Usual ResidenceHow long at
Place of Death? Days

Where was disease contracted?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Tunnelhill**April 29 1906*

UNDERTAKER

ADDRESS

*J. S. Burkhardt**Gallitzin*

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.