

# CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**1. PLACE OF DEATH**

County of Carbonia  
Township of Crosson  
or  
Borough of .....  
or  
City of ..... (No. Sanitorium St., ..... Ward)

Registration District No. ....

Primary Registration District No. 11-09-82

File No. 43321

Registered No. 71

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

**2. FULL NAME** Richard S. Andra

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>Single</u>
------------------------------	---	--

**16. DATE OF DEATH** April 24<sup>th</sup> 1929  
(Month) (Day) (Year)

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

**17.** I HEREBY CERTIFY, That I attended deceased from, Nov. 22<sup>nd</sup>, 1928, to April 24<sup>th</sup>, 1929, that I last saw him alive on April 24<sup>th</sup>, 1929, and that death occurred, on the date stated above, at 6 P m. The CAUSE OF DEATH\* was as follows:

**6. DATE OF BIRTH** (month, day, and year) Aug 14<sup>th</sup> 1879

<b>7. AGE</b>	Years	Months	Days	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>49</u>	<u>8</u>	<u>10</u>	

Pulmonary Tuberculosis  
31  
(duration) ..... yrs. .... mos. .... ds.

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work..... Stone Cutter  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**CONTRIBUTORY** .....  
(SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds.

**9. BIRTHPLACE** (city or town).....  
(State or country) Italy

**18. Where was disease contracted** if not at place of death? Nanty Glo, Pa

**10. NAME OF FATHER** Peter S. Andra

Did an operation precede death? No Date of.....

**11. BIRTHPLACE OF FATHER** (city or town).....  
(State or country) Italy

Was there an autopsy? No

**12. NAME OF MOTHER** Jennie Antonia

What test confirmed diagnosis? Positive T.B  
(Signed) Dr. Weirich, M. D.

**13. BIRTHPLACE OF MOTHER** (city or town).....  
(State or country) Italy

April 24<sup>th</sup> 1929 (Address) Crosson Pa

**14. Informant**.....  
(Address) Dr. Weirich  
Crosson Pa

\*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.)

**15. Filed** 4-25, 1929 Max Polonsky  
REGISTRAR

**19. PLACE OF BURIAL, CREMATION OR REMOVAL** St Marys Cemetery Nanty Glo **DATE OF BURIAL** April 27, 1929

**20. UNDERTAKER** George J. Andriezek **ADDRESS** Nanty Glo Pa

MARGIN RESERVED FOR BINDING

WRITE 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.