

1. PLACE OF DEATH.

County of Westmoreland
 Township of Hempfield
 or
 Borough of
 or
 City of Westmoreland County Home

CERTIFICATE OF DEATH.

Registration District No. 938
 Primary Registration District No. 3461

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

File No. 109343

Registered No. 516

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

2. FULL NAME

Louis Dorigo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Male White (Write the word.) Widowed

6. DATE OF BIRTH

Jan 17 1856
 (Month) (Day) (Year)

7. AGE

57 yrs. 9 mos. 16 ds. If LESS than 1 day how many.....hrs. ormin.?

8. OCCUPATION

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

9. BIRTHPLACE

(State or Country) Italy

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER

(State or Country) "

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER

(State or Country) "

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

(Informant) A. P. Darr

(Address) Greensburg Pa

15.

Filed Nov. 3/ 1913 S. A. Clements
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 2 1913
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 1 1913, to Nov. 2 1913

that I last saw him alive on Nov. 1 1913

and that death occurred, on the date stated above, at 9:25 P. M.
 The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 28 yrs. mos. ds.

Contributory (SECONDARY.)

(Duration) yrs. mos. ds.

(Signed) J. M. Porter M. D.

11-3 1913 (Address) Greensburg 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. 2 mos. 1 ds. In the State 26 yrs. 2 mos. 1 ds.

Where was disease contracted,
 If not at place of death?

Former or usual residence Jamison #4, Pa

19. PLACE OF BURIAL OR REMOVAL

Philadelphia Pa. 191.....

DATE OF BURIAL

20. UNDERTAKER

A. P. Darr ADDRESS Greensburg Pa

Exact statement of OCCUPATION is very important. See instructions on back of certificate.