

## CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

634

110900

## 1. PLACE OF DEATH

County of CambriaRegistration District No. 11-13-

Township of .....

File No. ....

or Borough of Nanty-GloPrimary Registration District No. 11-13-21Registered No. 50or City of Nanty-Glo (No. ...., St., ..... Ward)

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

2. FULL NAME Valentina Sartori

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (write the word)16. DATE OF DEATH December 13, 1934  
(Month) (Day) (Year)5a. If married, widowed, or divorced HUSBAND of Louis Sartori (or) WIFE of17. I HEREBY CERTIFY, That I attended deceased from, November 26, 1934 to December 13, 1934, that I last saw her alive on December 13, 1934 and that death occurred, on the date stated above, at 7:15 P m.6. DATE OF BIRTH (month, day, and year) Don't know 18657. AGE Years 69 Months - Days - IF LESS than 1 day, ..... hrs. or ..... min.

The CAUSE OF DEATH\* was as follows:

8. OCCUPATION OF DECEASED Housewife at her home  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employerAcute nephritis  
93c-1309. BIRTHPLACE (city or town) Italy  
(State or country)CONTRIBUTORY (SECONDARY) Chronic myocarditis  
(duration) Don't know yrs. .... mos. .... ds.  
Don't know yrs. .... mos. .... ds.10. NAME OF FATHER Fredrick Antoniacomi18. Where was disease contracted if not at place of death? unknown11. BIRTHPLACE OF FATHER (city or town) Italy  
(State or country)Did an operation precede death? no Date of .....12. NAME OF MOTHER Don't knowWas there an autopsy? no13. BIRTHPLACE OF MOTHER (city or town) Italy  
(State or country)What test confirmed diagnosis? Physical findings & Lab. test  
(Signed) Herman M. Brickhouse, M. D.14. Informant Louis Sartori  
(Address) Nanty Glo 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 Dec 17, 1934 Mrs. C. M. Keating  
REGISTRAR19. PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Cemetery Nanty Glo Pa. DATE OF BURIAL Dec 17 193420. UNDERTAKER George J. Andruzek ADDRESS Nanty Glo Pa

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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.