

1. PLACE OF DEATH.

County of Lawrence
Township of Strasburg
or
Borough of 37-9
or
City of 37-9

CERTIFICATE OF DEATH

Registration District No. 613
Primary Registration District No. 2871

File No. 114573
Registered No. 95

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

2. FULL NAME

Amel Depaul

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH Dec 11 1915
(Month) (Day) (Year)

6. DATE OF BIRTH May 19th 1872
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Dec 10 1915,

7. AGE 43 yrs. 6 mos. 22 ds. If LESS than 1 day how many.....hrs. ormin.?

that I last saw him alive on Dec 10 1915, and that death occurred, on the date stated above, at 8 A M. The CAUSE OF DEATH* was as follows:

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

Pulmonary tuberculosis
Indefinite (Duration).....yrs. 28 mos.ds.

9. BIRTHPLACE (State or Country) Italy

Contributory (Secondary)..... (Duration).....yrs.mos.ds.

10. NAME OF FATHER Petro Depaul

(Signed) E. J. Lamb M. D.

11. BIRTHPLACE OF FATHER (State or Country) Italy

Dec 12 1915 (Address) Ellwood City

12. MAIDEN NAME OF MOTHER Jennie Dorigo

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (State or Country) Italy

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) John Depaul (Address) Ellwood City

At Place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

15. Filed Dec 12 1915 J. E. M. Cymek Local Registrar

Where was disease contracted, If not at place of death? Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Locust Grove DATE OF BURIAL Dec 13 1915

20. UNDERTAKER Wm. J. VanGorder ADDRESS Ellwood City