

Primary Dist. No. 37-01-01

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

140

File No. 85392

Registered No. 124

**CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
County Lawrence  
Township \_\_\_\_\_  
Borough Ellwood City  
City \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) John DePaul  
Residence: No. 834 Crescent Ave St. 1 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give place, county, and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (month, day, and year) 10 4 1896

7. AGE Years Months Days If LESS than 1 day, hrs. or mins.  
40 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or Country) Italy

13. NAME Emil DePaul

14. BIRTHPLACE (city or town) (State or Country) Italy

15. MAIDEN NAME Mary Perisutti

16. BIRTHPLACE (city or town) (State or Country) Italy

17. SIGNATURE (name and address) OF INFORMANT Eugene De Paul Ellwood City Pa

18. BURIAL, CREMATION, OR REMOVAL: Date 10 2 1937  
Locust Grove Cem County Beaver State Pa

19. UNDERTAKER (name and address) W. W. Porter Ellwood City Pa

20. FILED Sept 30 1937 Lee Mennick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Sept. 29, 1937.  
I last saw him alive on Sept. 29, 1937; death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of all viscera

Other contributory causes of importance:

Toxemia

Name of operation Laparotomy Date of 5/24/37

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 1937

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: \_\_\_\_\_

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
(Signed) H. E. Helling M. D.  
(Address) 13-5th St., Ellwood City, Pa D. O.

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.  
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.