

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1421

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County New Castle

Hundred

or Village

or City Wilmington No. 709 Union St. St. 5th Ward.

2 FULL NAME Francesco Pavone

91

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 20 1919
(Month) (Day) (Year)

7 AGE 50 yrs. mos. ds. If less than 1 day, hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Italy

10 NAME OF FATHER Giovanni Pavoni

11 BIRTHPLACE OF FATHER (State or country) Italy

12 MAIDEN NAME OF MOTHER Rudetta Pavoni

13 BIRTHPLACE OF MOTHER (State or country) Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)

(Address)

15 Filed, Dec 16, 1921

Local SUB-REGISTRAR
Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 10th, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1921, to Dec. 10th, 1921,
(Month) (Day) (Year) (Month) (Day) (Year)

that I last saw him alive on Dec. 10th, 1921,
and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH * was as follows:

Broncho Pneumonia
(Duration) yrs. mos. 8 ds.

Contributory

Secondary

(Signed) P. M. Povitti M. D.

12113, 1921 (Address) 700 Washington

* 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. 7 mos. ds. In the State yrs. mos. ds.
Where was disease contracted,
If not at place of death?
Former or usual residence 709 Union Street

19 PLACE OF BURIAL OR REMOVAL Cathedral DATE OF BURIAL Dec. 14, 1921

20 UNDERTAKER Anthony Colet ADDRESS 2116 W. 17th St

MARGIN RESERVE FOR BINDING
WRITE PAINTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. 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.