

## 1. PLACE OF DEATH.

County of Franklin  
 Township of Quincy  
 or  
 Borough of .....  
 or  
 City of 28

## CERTIFICATE OF DEATH.

Registration District No. 523  
 Primary Registration District No. 2693

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

File No. 97978Registered No. 1400(No. Perm. State San. St. ;

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

## 2. FULL NAME

Alexander Perisutti

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED  
 OR DIVORCED Single  
 (Write the word.)

16. DATE OF DEATH Sept. 5 1916  
 (Month) (Day) (Year)

6. DATE OF BIRTH March 1875  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from  
May 1st 1916, to Sept. 5 1916,  
 that I last saw him alive on Sept. 4 1916,  
 and that death occurred, on the date stated above, at 5 a. M.  
 The CAUSE OF DEATH\* was as follows:

7. AGE 41 yrs. 6 mos. 6 ds.  
 If LESS than 1 day  
 how many.....hrs. or  
 .....min.?

Pulmonary Tuberculosis  
25 (Duration) unknown yrs. mos. ds.

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

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

9. BIRTHPLACE  
 (State or Country) Italy

10. NAME OF FATHER Louis Perisutti

(Signed) J. A. B. Lowry M. D.  
Sept. 5 1916 (Address) Mont Alto, Pa.

11. BIRTHPLACE OF FATHER  
 (State or Country) Italy

12. MAIDEN NAME OF MOTHER Mary Antonetta

13. BIRTHPLACE OF MOTHER  
 (State or Country) Italy

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

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

(Informant) Alex. Perisutti  
 (Address) Hopple, Pa.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS  
 OR RECENT RESIDENTS).

At place of death... 1 yrs. 5 mos. 6 ds. In the State... unknown yrs. mos. ds.  
 Where was disease contracted,  
 If not at place of death?..... unknown  
 Former or usual residence..... Hopple, Pa.

15. Filed 8 Sept. 1916 Wilson Reynolds  
Sub Local Registrar

19. PLACE OF BURIAL OR REMOVAL Sanatorium, Pa. DATE OF BURIAL Sept. 8th, 1916  
 20. UNDERTAKER M D Jacobs, ADDRESS Mont Alto, Pa.