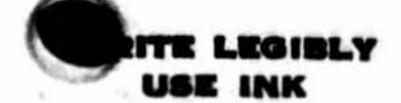
THIS IS A LEGAL REC-ORD AND WILL BE PERMANENTLY FILED.



COMPLETE AND ACCURATE. NO ALTER-ATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AF-FIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MED-ICAL CERTIFICATION.

DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

COPIES ARE MADE WITH A PHOTOSTAT.

FC.74 104

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

DIV. OF VITAL STATISTICS

ADDRESS 137-74 AND DATE SIGNED 1916/49

REG.	2357
NO.	
REG. DIS	721901

de	COOPERATING WITH DEPT. OF COMMERCE	BUREAU OF TH
190		

/ /	
1. FULL NAME Pete John P	erisutti 2. DATE OF DEATH Dec. 9, 1944 LAST) LAST) ON DAY YEAR
3. PLACE OF DEATH:	4. LEGAL RESIDENCE: A) STATE Tenn.
A) COUNTYDavidsonDISTRICTlst	B) COUNTYDAVIOSONDISTRICTIST
B) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, WRITE RURAL)	c) CITY OR TOWN NASHVILLE (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.) D) STREET NO. 1228 Second Ave. North
c) NAME OF HOSPITAL Nashville General	E) CITIZEN OF FOREIGN COUNTRY(YES OR NO)
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS) D) LENGTH OF STAY: IN HOSPITAL DV IN COMMUNITY 52 Yrs	IF YES, NAME COUNTRY
5. RACE OR 6. SEX 7. SINGLE MARRIED,	MEDICAL CERTIFICATION
8. AGE 67 5 20 IF LESS THAN ONE DAY	20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 19 49 TO 19
61 5 29 IF LESS THAN ONE DAY YEARS MONTHS DAYS HRS. MINS.	AND THAT I LAST SAW HALLIVE ON DOC 9 1944
9. DATE OF BIRTH: MONTH June DAY 10 YEAR 1883	AND THAT DEATH OCCURRED ON THE DATE STATED AT 7 M.
10. PLACE OF CITY OR STATE OR	IMMEDIATE CAUSE OF DEATH:
BIRTH: COUNTY Unknown COUNTRY Italy	Short from trushing few
OR WIFE OF Mrs. Mary Perisutti	injury of lest ribs + 1 hours
AGE OF HUSBAND OR WIFE, IF LIVING 62 YEARS	left oung
12. IF VETERAN SOCIAL SECURITY NUMBER NAME OF WAR NO NO	DUE TO:
. dollar	10
13. USUAL OCCUPATION Laborer Street Dept	OTHER CONDITIONS DISCORATES TOPLED
14. INDUSTRY OR BUSINESS City of Nashville	(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) OF THE UNDERLINE
FULL NAME Florian Perisutti	OPERATION? O FINDINGS CAUSE TO WHICH DEATH
BIRTHPLACE COUNTY Unknown COUNTRY Italy	SHOULD BE
16. MAIDEN NAME Mary Agnese	AUTOPSY? FINDINGS STATISTICALLY
CITY OR STATE OR	
BIRTHPLACE COUNTY Unknown COUNTRY Italy	21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
17. INFORMANT Mrs. Ray St John	A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) Les les
ADDRESS 1503 Villa Place	B) DATE OF OCCURRENCE Dec 9-1944
18. BURIAL, REMOVAL Burial DATE 12-11-44 19	C) WHERE DID INJURY OCCUR Washville Jenn
CEMETERY Calvary PLACE Nashville	D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN
19. UNDERTAKER BECEIVEBrtin's	INDUSTRIAL PLACE, IN PUBLIC PLACE?
11.40 10	WHILE AT WORK New MEANS OF INJURY WILL THAT
ADDRESS2021 West Ind Ave. BYW June 1. Phuse	SIGNATURE OGNICON OVER HIM