

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

90957

1. PLACE OF DEATH.

County of Cambria
Township of Dean
or
Borough of
or
City of 11 (No. 11, St.; 11 Ward.)

Registration District No. 299
Primary Registration District No. 2303

File No. 90957
Registered No. 9

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

2. FULL NAME

William G. Cella

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed

6. DATE OF BIRTH Oct. 15 1860
(Month) (Day) (Year)

7. AGE 57 yrs. 11 mos. 29 ds.
If LESS than 1 day how many.....hrs. ormin.?

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

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER James Cella

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (State or Country) Italy

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

(Informant) James Cella
(Address) Dean Pa

15. Filed Sept. 15 1919 Emma Parrish
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 14 1919
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1918, to Sept 13 1919 that I last saw him alive on Sept 13 1919, and that death occurred, on the date stated above, at.....M. The CAUSE OF DEATH* was as follows:

Organic heart disease
(Duration) 2 yrs. 7 mos. 7 ds.

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

(Signed) W. D. Keffer M. D.
Sept. 15 1919 (Address) Frugality Pa

*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.....mos.....ds. In the State.....yrs.....mos.....ds

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

19. PLACE OF BURIAL OR REMOVAL Ashtville Pa **DATE OF BURIAL** Sept 17 1919

20. UNDERTAKER Edw Stevens **ADDRESS** Carrolltown Pa