

## 1. PLACE OF DEATH.

County of CambriaTownship of Deanor  
Borough of City of 

## CERTIFICATE OF DEATH

Registration District No. 299Primary Registration District No. 2303COMMONWEALTH OF PENNSYLVANIA,  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.File No. 136Registered No. 2[If death occurred in a  
Hospital or Institution,  
give its NAME instead  
of street and number.]2. FULL NAME Germanno Cella

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED  
OR DIVORCEDMale white married  
(Write the word.)

6. DATE OF BIRTH

July 22 1869  
(Month) (Day) (Year)

7. AGE

45 yrs. 5 mos. 27 ds. 27  
If LESS than 1 day  
how many ✓ hrs. or  
✓ min. ?

8. OCCUPATION

(a) Trade, profession, or,  
particular kind of work Blacksmith  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) 

9. BIRTHPLACE

(State or Country) Italy10. NAME OF  
FATHER Giacomo Cella11. BIRTHPLACE  
OF FATHER  
(State or Country) Italy12. MAIDEN NAME  
OF MOTHER Bortolina Cella13. BIRTHPLACE  
OF MOTHER  
(State or Country) Italy

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

(Informant) William Cella(Address) Dean Pa

15.

Filed Jan. 19 1915Emma Parrish  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 19th 1915  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 1st 1914, to Jan. 19th 1915,  
that I last saw him alive on Jan 19th 1915,and that death occurred, on the date stated above, at 4 A M.  
The CAUSE OF DEATH\* was as follows:Organic Heart Disease(Duration) 2 yrs. ✓ mos. ✓ ds.Contributory  
(Secondary.) (Duration) ✓ yrs. ✓ mos. ✓ ds.(Signed) W. O. Keffer M. D.Jan 19th 1915 (Address) Irregularity 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, Tran-  
sients 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

DATE OF BURIAL

Ashville Pa Jan. 21st 1915

20. UNDERTAKER

ADDRESS

Edw. Stevens Carrolltown Pa