

1. PLACE OF DEATH.

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

CERTIFICATE OF DEATH.

Registration District No. 299  
Primary Registration District No. 2303

File No. 55241  
Registered No. 10

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

2. FULL NAME

Mrs Anna Cella

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH June 15 1864  
(Month) (Day) (Year)

7. AGE 53 yrs. 10 mos. 17 ds.  
If LESS than 1 day how many.....hrs. or .....min.?

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

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER John Fabrici

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Catherine Lico

13. BIRTHPLACE OF MOTHER (State or Country) Italy

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

(Informant) Mrs Anna Cella  
(Address) Deer Pa

15. Filed May 13 1918 Emma Garrish  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 12 1918  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10 1918 to May 11 1918 that I last saw her alive on May 11 1918 and that death occurred, on the date stated above, at 1230 A.M. The CAUSE OF DEATH\* was as follows:

Cerebral hemorrhage

(Duration) 0 yrs. 6 mos. ds.

Contributory (SECONDARY) ✓

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) W.D. Keffer M. D.

May 12 1918 (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 Ashville Pa DATE OF BURIAL May 14 1918

20. UNDERTAKER Edw Stevens ADDRESS Cambria Pa

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.