

1. PLACE OF DEATH.

County of Allegheny  
 Township of So Fayette  
 or  
 Borough of .....  
 or  
 City of ..... (No. ...., St., ..... Ward.)

CERTIFICATE OF DEATH

Registration District No. 150  
 Primary Registration District No. 2047

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

File No. 87336  
 Registered No. 438

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

2. FULL NAME Carl Agnese

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH ? 1  
 (Month) (Day) (Year)

7. AGE 43 yrs. 0 mos. 0 ds. If LESS than 1 day how many.....hrs. or .....min.?

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

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER Jony Agnese

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Johanna

13. BIRTHPLACE OF MOTHER (State or Country) Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
 (Informant) D.R. McKinnis MD Supr.  
 (Address) Marshalsea Pa

15. Filed 9/27/1915 A.J. Bush.  
 Local Registrar Marshalsea Pa

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 21, 1915  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1915, to Sept 21, 1915, that I last saw h in alive on Sept 21, 1915, and that death occurred, on the date stated above, at 10<sup>30</sup>P M. The CAUSE OF DEATH\* was as follows:

Pulmonary tuberculosis

28 (Duration) yrs. mos. ds.

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

(Signed) n. Winkelman M. D.  
9-22-15 19 (Address) Pittsburgh City Home and Hospitals, Marshalsea, 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. 18 ds. In the State 12 yrs.....mos.....ds.

Where was disease contracted, If not at place of death?  
 Former or usual residence 44-13<sup>rd</sup> St.

NON ESSENDO RIPORTATA LA DATA DI NASCITA SI POTREBBE PENSARE AD UN CASO DI OMONOMIA MA LA RESIDENZA QUI DICHIARATA (NR°44 13a STREET) E' LA STESSA DI QUELLA DICHIARATA SUL CERTIFICATO DI MORTE DELLA MOGLIE, D'ANDREA ROMANA, MORTA QUATTRO MESI PRIMA (27/05/1915) SEMPRE A CAUSA DI TUBERCOLOSI POLMONARE

19. PLACE OF BURIAL OR REMOVAL St Mary's Cemetery DATE OF BURIAL 9/24/1915

20. UNDERTAKER S.S. Scintti ADDRESS 123 Meadowst. Pgh. Pa