

26-9

1. PLACE OF DEATH.

County of FayetteTownship of Garmanor
Borough of.....
or

City of.....

CERTIFICATE OF DEATH.

Registration District No. 511Primary Registration District No. 2662

(No., St.; Ward.)

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.File No. 3984Registered No. 75-[If death occurred in a
Hospital or Institution,
give its NAME instead
of street and number.]2. FULL NAME Aurora Donatelli,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED married
(Write the word.)6. DATE OF BIRTH June 29th, 1893. 1
(Month) (Day) (Year)7. AGE 18 yrs. 6 mos. 21 ds.
If LESS than 1 day
how many.....hrs. or
.....min.?8. OCCUPATION
(a) Trade, profession, or
particular kind of work Housewife,
(b) General nature of industry
business, or establishment in
which employed (or employer).....9. BIRTHPLACE
(State or Country) Italy,10. NAME OF
FATHER Antonia Yakum,11. BIRTHPLACE
OF FATHER
(State or Country) Italy,12. MAIDEN NAME
OF MOTHER Caroline Tekal13. BIRTHPLACE
OF MOTHER
(State or Country) Italy,

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

(Informant) Geo. Donatelli,(Address) Ronco, Pa.

15.

Filed Jan 22 1912 Wm. E. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 20th, 1912, 191
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan. 15-12 1912, to Jan 20-12 1912
that I last saw her alive on Jan. 20-12 1912
and that death occurred, on the date stated above, at 4:45P M.
The CAUSE OF DEATH* was as follows:Hepatic colic due
to Gall Stones, probably
gallstone the immediate
cause of death (Duration) — yrs. — mos. 4 ds.Contributory
(SECONDARY.) 266
(Duration) — yrs. — mos. — ds.(Signed) W. H. Cloud, M. D.Jan 22, 1912, (Address) Masontown, 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 In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds

Where was disease contracted,

If not at place of death?.....

Former or
usual residence.....19. PLACE OF BURIAL OR REMOVAL All Saints Cemetery DATE OF BURIAL 1/22/12 191220. UNDERTAKER H. A. Johnston, Masontown, Pa. ADDRESS