

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.

1. PLACE OF DEATH
County of Cambria
Township of
or
Borough of Gallitzin
or
City of

Registration District No. B.
Primary Registration District No. 11-09-41

File No. 86748
Registered No. 165

2. FULL NAME Serapina Maria Fabbri
(a) Residence, No. St. Ward
(Usual Place of Abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Fabbri

6. DATE OF BIRTH (month, day and year) Nov. 6, 1883

7. AGE	Years	Months	Days	IF LESS than 1 day
	<u>49</u>	<u>9</u>	<u>25</u> hrs. or..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Italy
(State or Country)

PARENTS	10. NAME OF FATHER <u>Anthony Anzietti</u>
	11. BIRTHPLACE OF FATHER (city or town) <u>Italy</u> (State or Country)
	MAIDEN
	12. NAME OF MOTHER <u>Romana Dorico</u>
	13. BIRTHPLACE OF MOTHER (city or town) <u>Italy</u> (State or Country)

14. Informant Benj Fabbri
(Address) Gallitzin Pa

15. Filed Nov 1, 1933 Nina F. Trobell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 31 1933
(Month) (Day) (Year)

17. Aug 5 I HEREBY CERTIFY That I attended deceased from 32 to Oct 31, 1933
that I last saw her alive on Oct 29, 1933
and that death occurred, on the date stated above, at 6:40 P. m.

The CAUSE OF DEATH* was as follows:
chronic endocarditis
92a
(duration) 6 yrs. mos. days

CONTRIBUTORY (Secondary)
(duration) yrs. mos. days

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alfred M. Beyster M. D.
Nov 11 1933 (Address) Gallitzin Pa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Funeral Home Pa</u>	DATE OF BURIAL <u>Nov. 4</u> 19 <u>33</u>
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20. UNDERTAKER <u>J. J. Conners Bro</u>	ADDRESS <u>Gallitzin Pa</u>
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