

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

File No. **15250**

Primary Dist. No. **32921-294**

CERTIFICATE OF DEATH

Registered No. **3**

1. PLACE OF DEATH		2. USUAL RESIDENCE (where deceased lived. If institution; residence before admission)	
a. County Indiana	b. City, Borough or Township Homer City	a. State Penna	b. County Indiana
c. Length of stay in 1b. 3 years	d. FULL NAME (IF NOT in Hospital, give street address) of HOSPITAL or INSTITUTION 39 Carson Street	c. City, Borough or Township Homer City	d. Street Address or Location 39 Carson Street
e. Is Place of Death Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
a. (First) FERDINAND	b. (Middle)	c. (Last) FOSCHIA	(Month) FEB	(Day) 15
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 3/26/1877	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) 80		If under 1 year	If under 24 hrs.
10. FULL NAME OF SPOUSE Mary (Foschia) Foschia			Months	Days
11. BIRTHPLACE (Also give state or foreign country) Italy			Hours	Min.
12. CITIZEN OF WHAT COUNTRY USA			13. FATHER'S NAME Battista Foschia	
14. MOTHER'S MAIDEN NAME Mary Ann (not known)			15. USUAL OCCUPATION (even if retired) ret coal miner	
16. Social Security No. none			17. INFORMANT ADDRESS Mrs Mary Agatone, Homer City	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. Death was caused by:		
IMMEDIATE CAUSE (a) arteriosclerosis H. Disease	DUE TO (b) Arteriosclerosis	several years
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (c)	4200

PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]

19. WAS AUTOPSY PERFORMED? Yes No

20a. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED.	20c. Time of Injury	Hour, m. E.S.T.	Month, Day, Year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

21. I hereby certify that I attended the deceased from **1. Feb. 1958** to **15 Feb. 1958**, that I last saw the deceased alive on **1 Feb. 1958** and that death occurred at **1:30 A.M. E.S.T.** from the causes and on the date stated above.

22a. SIGNATURE P.W. Frange	M.D. or D.O.	22b. ADDRESS Homer City	22c. DATE SIGNED 15 Feb 58
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23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	23b. DATE 2/18/58	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	23d. LOCATION (City, Boro., Twp. & County) (State) Center Twp. Ind Co Pa
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24. DATE REC'D BY REG. 2/17/58	25. REGISTRAR'S SIGNATURE Arman Mc Garghy	26. SIGNATURE OF FUNERAL DIRECTOR Patrick J. Holloway	ADDRESS Homer City
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