

County of *Allegheny*
Township of *Standy*
or
Borough of
or
City of

CERTIFICATE OF DEATH

Registration District No. *382*
Primary Registration District No. *2468*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
Form No. *14* 38
Registered No. *38*

2. FULL NAME *Donato Delprincipe*

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *married*
(Write the word)

16. DATE OF DEATH *July 21* 192*4*
(Month) (Day) (Year)

6. DATE OF BIRTH *April 1* 1863
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *July 1923* to *July 21* 192*4*
that I last saw him alive on *July 21* 192*4*
and that death occurred, on the date stated above, at *8:35 P.M.*
The CAUSE OF DEATH* was as follows:

7. AGE *60* *10* *20*
If LESS than 1 day how many hrs. or min.?

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

9. BIRTHPLACE (State or Country) *Italy*

10. NAME OF FATHER *Vincenzo Delprincipe*

11. BIRTHPLACE OF FATHER (State or Country) *Italy*

12. MAIDEN NAME OF MOTHER *Liboria Rossi*

13. BIRTHPLACE OF MOTHER (State or Country) *Italy*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Interment) *Victor Del Principe*
(Address) *Easton, Pa.*

Feb 20 14 *Frank Hutton*
Local Registrar

Tuberculosis of lungs
31 (Duration) *3* yrs. mos. ds.

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

(Signed) *M. J. Cooper* M. D.

2-22 192*4* (Address) *Easton, 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 *St. Catherine*

DATE OF BURIAL *Feb 20 14*
ALL UNDERTAKERS *Frank Hutton*
ADDRESS *Easton, Pa.*