HVS-5P—650M—3-40

Primary Dist. No. 45-03-41

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

534

File No. 83851

Registered No. 31

1. PLACE OF DEATH:

(a) County MONROE

(b) City or borough or township MT POCONO

(c) Name of hospital or institution: POCONO MANOR

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution WEEK (Specify whether

In this community WEEK years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEW YORK (b) County

(c) City or town HOOSICK (If outside city or town limits, write RURAL)

(d) Street No. 34 (If rural give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) **FULL NAME** MRS MARY ELIZABETH CANTELO

3. (b) If U. S. Veteran, complete reverse side of certificate

3 (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife WALTER CANTELO

6 (c) Age of husband or wife if alive years

7. Birth date of deceased 12-21-1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	6	hr. min.

9. Birthplace HOOSICK, N.Y. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name RANDALL JAMES

13. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

14. Maiden name HARRIET RUDD

15. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Cantelo

(b) Address Hoosick N.Y.

17 (a) BURIAL (b) Date thereof 10-1-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOOSICK, N.Y.

18. (a) Signature of funeral director Glenn W. Kinsman

(b) Address Schoudsburg, Pa

19 (a) Sept. 27-1941 (Date received local registrar) (b) Alice Stafford (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 27,

year 1941 hour 5:30 P.M. minute

21. I hereby certify that I attended the deceased from Sept 12, 1941, to Sept-27, 1941; that I last saw h m alive on Sept 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 9/27/41

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.