

1. PLACE OF DEATH
County of *Jefferson*
Township of *Jefferson*
Borough of *Jefferson*
City of *Jefferson*

CERTIFICATE OF DEATH,
Registration District No. *27*
Primary Registration District No. *27*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
File No. *125835*
Registered No. *125835*

No. *125835* St. *125835* Ward. *125835*
If death occurred in a hospital or give its NAME, street and number.

2. FULL NAME *Carmin Mucci*

PERSONAL AND STATISTICAL PARTICULARS
3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
6. DATE OF BIRTH *Nov 20 1883*
7. AGE *34* 8. If LESS than 1 day how many days *3*
9. OCCUPATION *Coal Miner*
10. BIRTHPLACE *Italy*
11. NAME OF FATHER *Pasquale Mucci*
12. BIRTHPLACE OF FATHER *Italy*
13. MARRIAGE NAME OF MOTHER *Italy*
14. BIRTHPLACE OF MOTHER *Italy*
15. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant *Mrs. Carmin Mucci*
Address *Jefferson Pa.*
Local Registrar *John H. Miller*

MEDICAL CERTIFICATE OF DEATH
16. IN DATE OF DEATH *Nov 23 1917*
17. I HEREBY CERTIFY, that I attended deceased *occurred body of deceased*
and that death occurred, on the day stated above, at *Nov 23 1917*
The CAUSE OF DEATH was as follows:
Throat - following Contusion
Lower Chest with Internal
Injuries - Accidental - One
Wound of Throat
Contributory *1730*
Disease *1730*
Duration *1730*
In the *1730*
At place of death *1730*
Where was disease contracted, *1730*
If not at place of death? *1730*
Former or usual residence *1730*

18. PLACE OF BURIAL OR REMOVAL *Soldier Hill*
19. DATE OF BURIAL *Nov 25 1917*
20. UNDERTAKER *St. A. K. Sullivan*
21. ADDRESS *St. A. K. Sullivan*