

THERESA CIANA

BORN

SEPT. 5. 1920

DIED

MAR. 16. 1932

Medical Certificate of Death

1. PLACE OF DEATH

County New Haven
 Township _____ or Village _____
 City New Haven No. St. Raphael Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. St. Francis Orphanage Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 5 1920</u>		
7. AGE Years <u>11</u> Months <u>6</u> Days <u>11</u> If LESS than 1 day, _____ hrs, _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (city or town) <u>Hartford</u> (State or country) <u>Connecticut</u>		
13. NAME <u>Harrasin, Leana</u>		
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) _____		
15. MAIDEN NAME <u>Annie</u>		
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) _____		
17. INFORMANT <u>My Fred M. Godard (son)</u> (Address) <u>Warehouse Point, Conn.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>East Haven</u> Date <u>March 19, 1932</u>		
19. UNDERTAKER <u>John J. Moore & Thomas</u> (Address) <u>Shindert Rocks, Ct. Johnson</u>		
20. FILED _____, 19 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 17, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1932 to Mar. 17, 1932

I last saw him alive on Mar. 16, 1932; death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Ac. Appendicitis Date of onset Feb. 23
Ac. Fibrinous pleurisy Feb. 23

Other contributory causes of importance:

Septicemia Feb. 23

Name of operation St. Invasions Date of Feb. 24, 1932
Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Physician's Signature William J. Logan, M.D.

(Address) 412 Whalley Ave

Was Body Embalmed? Yes If so, Name of Embalmer Thomas H. Johnson License No. 873

This certificate received for record on:

March 17, 1932

By:

Nicholas W. Mance

Registrar

I certify that this is a true transcript of the information recorded in this office.

Attest:

Patricia E. Clark

PATRICIA CLARK, Registrar

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Dated at New Haven, Connecticut, U.S.A., this _____ day of SEPTEMBER 2021

NOT VALID WITHOUT SEAL OF CERTIFYING OFFICIAL

WRITE PLAINLY, WITH BLACK UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

Always write with black ink.

CONNECTICUT STATE DEPARTMENT OF HEALTH

REMOVAL, TRANSIT AND BURIAL PERMIT

(Required for the removal of any deceased person or burial in town other than where death occurred)

Name of Deceased Theresa Giana No. _____
Age 11 years 6 months 11 days Sex 4 Race or Color W Date of Death Mar 17-32
Cause of Death (1) Appendicitis (2) Pleurisy
Attending Physician W. J. Logan Address New Haven
Place of Death New Haven Conn Embalmer T. W. Johnson
Undertaker J. E. Mooney Address Windsor Locks Conn No. 873

The Certificate of death and the undertaker's statement having been recorded that the body has been prepared for removal or burial in accordance with the state statutes and sanitary code,

THIS CERTIFICATE is authority for REMOVAL.

FROM New Haven Conn TO East Windsor Conn

FROM _____ TO _____

Via Motor Date of Shipment Mar 17.

Escort J. E. Mooney

and Burial in _____ Cemetery in East Windsor State Conn

Date Mar 17 Registrar of _____

(This permit not legal for burial in town where person died)

Number of Child, [#] 259
18 years old.

225

Particulars as to Child.

(1) Name?

Theresa Sina

Date and year of birth?

September 5, 1920

(2) About the Age?

4+

(3) Legitimate? *Yes*

Particulars of Committal to the Home.

(1) Name of person bringing child?

Charles E. Dow, (Died Person)

Town in which said person lives?

Windsor

P. O. address of said person?

Day, date, and year child admitted to the Temporary Home?

Wed. Sept. 24, 1921

By what authority committed?

H. G. Bailey, Supt. Public Charities
City of Hartford
George H. Day, Judge
Juvenile Court

Particulars as to FIRST Family Home.

(6) Name of person taking the child?

Mrs. Mary Regalo (Aunt)

Town in which said person resides?

Yukon, N. Y.

P. O. address of said person?

273 Orchard St.

Day, date, and year child leaves the Temporary Home?

Wed. June 30, 1926

Day, date, and year of child's return to the Temporary Home?

Nov. Mar. 14, 1927

Particulars as to Father.

(1) Name?

Therassius Sina

(4) Residence?

Town, *Hartford*
Post-Office, *1064 Broad St.*

Nationality?

Austrian Catholic

(3) Living? *Yes*

Particulars as to SECOND Family Home.

(6) Name of person taking the child?

Boarding at
St. Francis Orphan Asylum

Town in which said person resides?

New Haven

P. O. address of said person?

Day, date, and year child leaves the Temporary Home?

Thurs. March 7, 1929

Day, date, and year of child's return to the Temporary Home?

Died 12:01 night Wed.
March 16, 1932 at St.
Raphael's Hospital

Particulars as to THIRD Family Home.

(6) Name of person taking child?

Town in which said person resides?

P. O. address of said person?

Day, date, and year child leaves the Temporary Home?

Day, date, and year of the child's return to the Temporary Home?

Particulars as to Mother.

(1) Name?

Annie Sina

(4) Residence?

Town, *Norwich State Hospital*
Post-Office, *Norwich Conn.*

Nationality?

Austrian Catholic

(3) Living? *Yes*

Particulars as to FOURTH Family Home.

(6) Name of person taking the child?

Town in which said person resides?

P. O. address of said person?

Day, date, and year child leaves the Temporary Home?

Day, date, and year of child's return to the Temporary Home?

Particulars as to FIFTH Family Home.

(6) Name of person taking the child?

Town in which said person resides?

P. O. address of said person?

Day, date, and year child leaves the Temporary Home?

Day, date, and year of child's return to the Temporary Home?

Unheard for, Neglected

Born at Hartford 29.77.1 Supp. #56.128

Mr. Sina to pay \$1.00 per week while Theresa remains in this home.
3/7/29 County to pay \$5.00 for week 3/4/32 Theresa taken a few days ago to St. Raphael's Hospital for operation
for appendicitis. Has developed pneumonia - is in a serious condition. 3/6/32 Father Daly called at the home to-day
to take over the responsibility of Theresa's case - Mr. Bodard not a home. 3/13/32 Father Daly called on phone to
tell Mr. Bodard Theresa was very low - also to find out if the County would stand some of the expense - Mr.
Bodard said he thought the County would. She has been a day or night nurse, also has had to have blood
transfusions. 3/17/32 Letter from Father Daly states - On Feb. 21 at Theresa sent in infirmary with slight cold -
with temperature of 100.2. Next day sent to St. Raphael's Hosp. in ambulance - for immediate removal of
appendix - this performed Feb. 22nd - appendix was gangrenous, which necessitated two drains left in wound.
Consultations for blood transfusions which took place 10 days later. 3/21/32 Pulmonary trouble cleared up
another transfusion Mar. 14th. Died 12:01 night Wed. March 16, 1932. Buried at Springdale Cemetery. Warehouse Dept - Father Bodard
while intestinal trouble increased. Buried at 2 P.M. Springdale Cemetery. Warehouse Dept - Father Bodard
of Windsor Locks officiated. Mrs. Sina, two brothers Richard & Peter, Mrs. St. Charles, Mrs. Brown, Mrs. Bodard
at service St. Francis Orphan Asylum furnished all clothes.

Griffin, Agnes S.	Wethersfield Prob. Court	7+	Jan. 23, 1921.	Harford Hospital Harford, Conn.	Feb. 6, 1930 Apr. 3, 1933	Appendicitis - operated on. Rd. 4-26-33
Griffin, Margaret	Wethersfield Prob. Court Mrs. Peter H. Lawrence 647 New Britain Ave., Hartford, Conn. May Hodge Hartford, Conn.	8+	Jan. 28, 1921. Oct. 5, 1932 Oct. 31, 1932 Mar. 5, 1933	Mr. & Mrs. H. Collins Rocky Hill, Conn. Mr. & Mrs. M. B. Smith, 129 Oakland St., Manchester, Conn. Mrs. David McComb, Sr., Suffield, Conn. Mrs. Carrie Harbeck, 26 Richmond Ave., East Hartford, Conn. Mr. & Mrs. Clarence H. Ludwig, 17 Bolton St., Hartford, Conn.	June 18, 1926. Ret. to Home Sept. 11, 1926. July 5, 1928 Ret. to Home Nov. 24, 1928. Shouldn't work dishes 3 - pr. wk. wages & attend school. Sept. 18, 1930 Ret. to Home Oct. 8, 1930. Co. pay 5. - wk. bd. 3.25 - pr. clothes & med. Dec. 12, 1930 Ret. Oct. 5, 1932 By Proxy Mar. 3, 1928 Bureau Pay Board. County furnishes clothes Ret. to Home Camp Aug. 18, 1928 Ret. to M. Ludwig Aug. 27, 1928 Ret. Aug. 1929 Ret. to Ludwig again Aug. 27, 1929 1133 Bureau to pay \$4.50 wk. bd. from Sp. App. Co. to furnish clothes & med.	
Griffin, Edward F.	Wethersfield Prob. Court	5+	Jan. 28, 1921			
Griffin, Howard J.	Wethersfield Prob. Court	4+	Jan. 23, 1921	Mr. & Mrs. Louis M. Potter, Main St., Shelton, Conn.	Jan. 29, 1925	
Lina or Liava, Theresa	Hartford Juvenile Court	4+	Sept. 24, 1921	Mrs. Mary Regalo (Aunt) 273 Orchard St., Brooklyn, N. Y. St. Francis O. O'Connell N. Haven, Conn.	June 30, 1926 Feb. 7, 1929	Ret. to Home Mar. 14, 1927. County to pay 5. pr. wk. taken to St. Raphael Hosp. Mar. 4, 1932 for appendicitis - followed by pneumonia. Discharged - died March 16, 1932, and was buried at Springdale Cemetery, Warehouse Point, Conn.
Ludartis, Anthony (Davis)	Suffield Probate Court	8+	April 25, 1925	Mrs. William Becker, New Milford, Conn.	June 19, 1931	10 - pr. mo. wages.
Ludartis, Frank (Davis)	Suffield Probate Court	5+	April 25, 1925	St. John's School Deep River, Conn.	Feb. 27, 1929	Ret. to Home Dec. 9, 1926 By Proxy Ret. to Home Aug. 29, 1930 By proxy water to be transferred to Long Home Home.
Grossi, Emma	Hartford Juvenile Court	11+	Feb. 16, 1926	Mrs. Annie Normandin 3 Seymour St., Hartford, Conn. Mr. & Mrs. Louis Grossi (parents) 140 Main St., Hartford, Conn. State Farm for Women, Winsted, Conn.	Feb. 16, 1926 Dec. 9, 1926 Aug. 29, 1930	Ret. to Home Dec. 9, 1926 By Proxy Ret. to Home Aug. 29, 1930 By proxy water to be transferred to Long Home Home.