

# STATE DEPARTMENT OF HEALTH OF NEW JERSEY

135589

<b>STATE DEPARTMENT OF HEALTH OF NEW JERSEY</b>		
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived if different from place of death)
a. COUNTY <u>Passaic</u>	b. CITY BOROUGH TOWNSHIP <u>Passaic</u>	a. STATE <u>N.J.</u> b. COUNTY <u>Passaic</u>
c. LENGTH OF STAY (In this place)	d. CITY BOROUGH TOWNSHIP <u>Passaic</u>	e. STREET ADDRESS <u>244 GREGORY ROAD</u>
f. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALBANY GENERAL HOSPITAL</u>		g. (Month) (Day) (Year) <u>      </u>

<b>3. NAME OF DECEASED</b> (Type or Print) <u>THOMAS</u>	<u>DEANRY</u>	<b>4. DATE OF DEATH</b> <u>AUG 3, 1961</u>
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>JAN 18, 1884</u>	<b>9. AGE</b> (In years, last birthday) <u>77</u>	<b>10. SEX</b> (In years, last birthday) <u>      </u>	<b>11. SEX</b> (In years, last birthday) <u>      </u>	<b>12. CITIZENSHIP OF BIRTH</b> <u>U.S.A.</u>
<b>13. USUAL OCCUPATION</b> (Indicate if work during most of working life, even if retired) <u>GUARD</u>		<b>14. KIND OF BUSINESS OR INDUSTRY</b> <u>U.S. RUBBER CO.</u>		<b>15. BIRTHPLACE</b> <u>MASSACHUSETTS</u>		<b>16. OTHER INFORMATION</b> <u>16 WINDY RIDGE</u>	

<b>13. FATHER'S NAME</b> <u>THOMAS</u>	<b>14. MOTHER'S MAIDEN NAME</b> <u>KATHERINE SULLIVAN</u>
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<b>17. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>18. SOCIAL SECURITY NO.</b> <u>154-16-5379</u>	<b>19. INFORMATION</b> <u>Mrs. JAMES EDWARD TRUMBULL, GUARD</u>
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<b>19. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>		<b>20. OTHER INFORMATION</b> <u>      </u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>CONGESTIVE FAILURE + PULM EDEMA</u>		<b>21. DUE TO (a)</b> <u>MYOCARDIAL INFARCTION</u>		<b>22. DUE TO (b)</b> <u>      </u>
<b>ANTECEDENT CAUSES</b> Mention conditions, if any, giving rise to the above cause (a) during the underlying cause last.		<b>DUE TO (a)</b> <u>      </u>		<b>DUE TO (b)</b> <u>      </u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>DUE TO (a)</b> <u>      </u>		<b>DUE TO (b)</b> <u>      </u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>23. AUTOPSY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

<b>21a. ACCIDENT</b> (Specify) <u>      </u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office, etc.) <u>      </u>	<b>21c. (City, Borough, or Township) (COUNTY) (STATE)</b> <u>      </u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>      </u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>      </u>
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22. I hereby certify that I attended the deceased from Aug 1, 1961, to Aug 3, 1961, that I last saw the deceased alive on Aug 3, 1961, and that death occurred at 4:42 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Samuel A. Sullivan MD</u>	<b>23b. ADDRESS</b> <u>455 UNION HW KATHERINE NJ</u>	<b>23c. DATE SIGNED</b> <u>Aug 9 1961</u>
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<b>24a. BURIAL CHARGE</b> (Specify) <u>      </u>	<b>24b. DATE</b> <u>12-6-7-1961</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. ANNE'S CEMETERY</u>	<b>24d. LOCATION</b> (City, borough, or township) (State) <u>SPRINGFIELD CONNECTICUT</u>
<b>DATE REC'D BY LOCAL HEALTH DEPT.</b> <u>      </u>	<b>REGISTRAR'S SIGNATURE</b> <u>      </u>	<b>FEDERAL DIRECTOR'S SIGNATURE</b> <u>      </u>	<b>R. L. LICENSE NO.</b> <u>1711</u>