

PLACE OF DEATH

CITY OF NEW YORK

SEX

Value

of Death

FULL NAME (Last), A. O. M. H.

PERSONAL AND DEMOGRAPHIC PARTICULARS

Male White

Date of Birth

1907
Month

1907
Year

Age

36

40 years

12 months
or more

- Occupation:
1. Trade, Profession,
Business and Art
2. General manager, Industry,
Manufacturing, or
wholly employed for employer

- Employment
place & employer

Ohio

- Name of
Father
- Relationship
to Deceased
- Deceased
alive or dead

- Name and
Address of
Mother

- Name and
Address of
Mother
if deceased

This sworn to me this day of March 1928

Information

FELIX E. DANIEL

Date

1928

Signature

W. J. P. Danner

COMMON STATE BOARD OF HEALTH

BUREAU OF VITAL RECORDS

STANDARD CERTIFICATE OF DEATH

245

State Index No.

Local Registration No.

MEDICAL CERTIFICATE OF DEATH

1. Date of Death

Feb.

15

1928

2. EXACTLY QUARTE, DAY, MONTH, YEAR
and hour when death occurred

3. THE CAUSE OF DEATH
Name of physician that of doctor

Contributing
conditions

4. Place of birth
Name of mother

5. Name and address of deceased, if in service, or of child, if born
of deceased, name and address of mother, and of widow, if deceased

6. LENGTH OF ILLNESS, if any, previous conditions, if any
place of birth or removal

7. place of death, age, sex, color, race, date of birth, date of death
where was disease originated, if any, and at what point of death

8. place of burial or removal

9. place of removal

10. place of removal

11. place of removal