

New York State Department of Health  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13064 409  
Registered No.

Dist. No. 101  
To be inserted by registrar

1 PLACE OF DEATH: STATE OF NEW YORK  
County Albany  
Town \_\_\_\_\_  
Village \_\_\_\_\_  
City Albany Ward \_\_\_\_\_  
No. St. Peter's Hospital St. \_\_\_\_\_  
(If a hospital or institution give its NAME instead of street and number)  
Length of stay:  
In hospital or institution \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 days  
In town, village or city 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)  
State N.Y.  
County Albany  
Town \_\_\_\_\_  
Village or City Albany  
No. 256 STATE ST. ALBANY, N.Y.  
Is residence within limits of city or incorporated village? Yes  
2a Citizen of foreign country (alien)? No (Yes or no)  
If yes, name country \_\_\_\_\_

3 Full Name (Print) John J. Evers

4 (a) Social Security No. 129-22-39-89 4 (b) If Veteran, Name War \_\_\_\_\_

5 Sex M 6 COLOR OR RACE W 7 Single, Married, Widowed, or Divorced (Write the word) Married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Helen C. Fitzgibbons Age if alive 56 years

9 DATE OF BIRTH (month, day, year) July 19 1881

10 AGE Years 65 Months 8 Days 9 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

11 Usual occupation Supt. Bleeker Stadium

12 Industry or business City of Albany

13 BIRTHPLACE (City or Town) (State or Country) Troy N.Y.

14 NAME John J. Evers

15 BIRTHPLACE (City or Town) (State or Country) Troy N.Y.

16 MAIDEN NAME Helen Keating

17 BIRTHPLACE (City or Town) (State or Country) Troy N.Y.

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own signature \_\_\_\_\_

Address 71 1/2 Bond Street, Albany, N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary Cem. Troy N.Y. Mar. 31 1947 DATE OF BURIAL \_\_\_\_\_

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Campion & Sons Inc. ADDRESS 166 Washington Ave.

UNDERTAKER'S License No. 3638

21 Date received Mar 31 1947 Signature of Registrar or Subregistrar \_\_\_\_\_

Burial or Transic. } Permit issued by \_\_\_\_\_ Date of \_\_\_\_\_

FOR GENEALOGICAL RESEARCH ONLY

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) Mar 28 1947

23 I HEREBY CERTIFY, That I attended deceased from Mar 25 1947 to Mar 28 1947  
I last saw him alive on Mar 28 1947

To the best of my knowledge, death occurred on the date stated above, at 9:25 a.m.

Immediate cause of death Cerebral Hemorrhage

DURATION OF CONDITION		
Yrs.	Mo.	Days

Due to \_\_\_\_\_

Due to 83.1

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Date \_\_\_\_\_

Of autopsy \_\_\_\_\_

What laboratory test was made? \_\_\_\_\_

24 If death was due to external cause, fill in the following:

(a) 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 \_\_\_\_\_

Signature William C. Pickett M.D. Address \_\_\_\_\_ Date 3/28/47

Signature of Registrar or Subregistrar \_\_\_\_\_ Date Mar 31 1947

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH  
N.B.—WRITE OR TYPEWRITE LIGHTLY WITH DURABLE BLACK INK — THIS IS A PERMANENT RECORD. 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 statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.