

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

Registered No. **7014**

Dist. No. **69**
 To be inserted by registrar

1. PLACE OF DEATH: STATE OF NEW YORK		7. USUAL RESIDENCE (Where deceased lived, if (un)usually residence before admittance)	
2. COUNTY Eric		a. STATE New York COUNTY Eric	
5. COUNTY OF ERIZ		c. TOWN	
3. CITY OF BUFFALO		d. CITY OR VILLAGE Buffalo <small>Is residence within the corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></small>	
4. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elmwood Home at Tracey		e. STREET ADDRESS 168 16th Street	
3. NAME OF DECEASED (Type or Print) John P. Hill		4. DATE OF DEATH (Month) (Day) (Year) Dec 19 1951	
3. SEX M	4. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Guinevere Lawson
9. DATE OF BIRTH Oct 12 1882	10. AGE Years Months Days 69 7 2	11. BIRTHPLACE (State or foreign country) Unknown Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman		13b. KIND OF BUSINESS OR INDUSTRY R.R.	
14. FATHER'S NAME Unknown		15. MOTHER'S MAIDEN NAME Unknown	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. 712-16-3460	
18. INFORMANT'S OWN SIGNATURE Mrs Albert Walker		ADDRESS 68 16th St.	

CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <small>(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)</small>		
(A) Coronary Thrombosis DUE TO		
(B) _____ DUE TO		
II OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.		
(C) _____ DUE TO		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	22b. PLACE OF INJURY (e.g., home, farm, factory, street, boat, etc.) Home	(County) (State)
22c. TIME (Month) (Day) (Year) (Hour) OF INJURY	22d. INJURY OCCURRED While at _____ (Specify) _____	22e. HOW THE INJURY OCCURRED (Describe) _____

23. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7 A** m., from the causes and on the date stated above.

24a. SIGNATURE Arthur G. Edwards M.D.	24b. ADDRESS Health Department	24c. DATE SIGNED Dec 7 1951
25a. PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill.	25b. DATE 12-25-1951	25c. UNDERTAKER'S SIGNATURE Beatrix Beardsmore LICENSE NO. 5928
27. DATE FILED BY LOCAL REG. 12/27/51	27. REGISTRAR'S SIGNATURE Raymond B. Woodhull	26. UNDERTAKER'S ADDRESS 576 Jefferson Ave

Burial or Transit } Permit issued by **W. J. Buehler** Date of issue **12/27/51** 19____