Form 16 20-1929 STATE OF NEW YORK Department of Health of The City of New York BUREAU OF RECORDS Cast 85 CERTIFICATE OF DEATH-5105 Muleum Registered No 2 FULL NAME 16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near S DATE OF BURTH. (Day) (Year) as the same can be andertained, and I Purther certify that I have this / D day of 7 4 193 L., taken charge of the body of deceased OCCUPATION found at. and that I have investigated the essential facts wier kind of work... General nature of liets concerning the circumstances of the death. which septioned (or people or 17 I further certify that I have weened said body and from Nammater hade In and fridence, that he died on the 2 day of , at V M., and that the chief and determining cause of h 40 death (State or country) 14 Speels INFORMATION required to deaths in hospitations and in deaths of non-residuals and recent residuals Approved Former or Chief Medical Remainer smal meldanne EII ED