New York State Department of Health
DIVISION OF VITAL STATISTICS

Dist. No. 1801
To be inserted by registrar

CERTIFICATE OF DEATH

1 PLACE OF DEATH: STATE OF NEW YORK
County Genesee
Town Batavia
Village
City
No. St Jerome
Ward
Length of stay: Thru
In hospital or institution yrs. days
In town, village or city yrs. days

2 USUAL RESIDENCE OF DECEASED
State New York
County Genesee
Town
Village or City Morganville
No.

3 Full Name

4 (a) Social Security No.
(b) If Veteran Name Wars

5 Sex female
6 COLOR OR RACE white
7 Single, Married, Widowed or Divorced

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife

9 DATE OF BIRTH (month, day, year)

10 AGE Years 60 Months 5 Days 20

11 Usual occupation Housewife

12 Industry or business

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

14 NAME

15 BIRTHPLACE (City or Town) (State or Country) England

16 MAIDEN NAME

17 BIRTHPLACE (City or Town) (State or Country) New York State

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Informant's or signature
Addr

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Morganville Cemetery
DATE OF BURIAL Oct 29 1946

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Harold E. Bishop
ADDRESS 403 E. Main St. Batavia N.Y.
UNDERTAKER'S License No. 5535

21 Date received 10/29 1946
Myrtle A. Keyser
Signature of Registrar

Burial or Transit Permit issued by Myrtle A. Keyser

22 DATE OF DEATH

23 I HEREBY CERTIFY

Due to Pleasant Thyrotoxicosis

Other conditions

Major findings of operation

Of company Refused

What laboratory test was made

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, public place? (Specify type of place)
(e) Means of injury

25 Signature Beggie B. [illegible]
Address 73 Main St. [illegible]

OCCUPATION are very important. See instructions on back of this form.

701093

BEST COPY AVAILABLE

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