

DECEASED — NAME
CONN. STATE DEPT. OF HEALTH

181

1. JAMES LEROY YERKS, SR.		2. MALE		STATE FILE NUMBER	
3. NOV. 5, 1891		4. WHITE		5. 81	
6. FAIRFIELD		7. GREENWICH		8. APRIL 20, 1973	
9. MT. KISCO, NEW YORK		10. U.S.A.		11. MARRIED	
12. 041-32-5357		13. CUSTODIAN (COS COB SCHOOL)		14. TOWN OF GREENWICH	
15. CONNECTICUT		16. FAIRFIELD		17. GREENWICH	
18. NO		19. 15 KENT PLACE, COS COB		20. UNIT OR SHIP	

13. FATHER — NAME GEORGE YERKS			14. MOTHER — MAIDEN NAME ANNIE CUTLER		
15. INFORMANT — NAME MR. JAMES L. YERKS, JR.			16. MAILING ADDRESS TREMONT STREET, COS COB, CONN. 06807		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3-5 min's
17. IMMEDIATE CAUSE CARDIAC ARRHYTHMIA WITH CARDIAC ARREST		
(a) <i>Cardiac Arrhythmia & Cardiac Arrest</i> DUE TO, OR AS A CONSEQUENCE OF.		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		18. AUTOPSY (YES OR NO) NO	19. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
---	--	---	--

21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	22. DATE OF INJURY (MONTH, DAY, YEAR)	23. HOUR	24. HOW INJURY OCCURRED	25. ENTER NATURE OF INJURY PART I OR PART II, ITEM 18	26. INJURY AT WORK (SPECIFY YES OR NO)
27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	28. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		29. SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 18 (Name of operation) (Date performed)		

CERTIFICATION — PHYSICIAN:		AND LAST SAW HIM/HER ALIVE ON		DEATH OCCURRED		ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
I ATTENDED THE DECEASED FROM		MONTH DAY YEAR TO MONTH DAY YEAR		MONTH DAY YEAR		MONTH DAY YEAR	

CERTIFICATION — MEDICAL EXAMINER: IN MY OPINION, ON THE DATE AND DUE TO THE CAUSE(S) STATED, DEATH RESULTED ON OR ABOUT		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		YEAR		HOUR	
30. 20 April 1973		31. 8:55 to 8:57 PM		32. 20 April 1973		33. 1973		34. 8:47 PM	

CERTIFIER — NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
35. J. COLEMAN KELLY, M.D. ASS'TM.E.		<i>J. Coleman Kelly, M.D.</i>		36. ASSISTANT TOWN CLERK	
37. 30 BONWIT ROAD RIVERSIDE, CONN. 06878		38. STATE		39. DATE SIGNED (MONTH, DAY, YEAR)	
40. 30 BONWIT ROAD RIVERSIDE, CONN. 06878		41. STATE		42. 22 Sep 73	

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN		STATE	
43. BURIAL		44. ST. MARY R. C.		45. GREENWICH, CONNECTICUT		46. GREENWICH, CONNECTICUT		47. CONNECTICUT	

DATE (MONTH, DAY, YEAR)		FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
48. APRIL 24, 1973		49. LEO P. GALLAGHER & SON, INC. 31 ARCH STREET GREENWICH, CONN. 06830	

FUNERAL DIRECTOR OR EMBALMER — SIGNATURE		NAME OF EMBALMER		IF BODY WAS EMBALMED		LICENSE NUMBER	
<i>Charles M. Danks</i>		50. CHARLES M. DANKS		51. REGISTERAR		52. 1598	
THIS CERTIFICATE RECEIVED FOR RECORD ON		BY		REGISTRAR			
53. APR 23 1973		54. <i>Mary C. Sullivan</i>		55. <i>Asst.</i>			

43 - 592

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE RECORD ON FILE IN THE GREENWICH TOWN CLERK'S OFFICE, EXCEPT SUCH INFORMATION THAT IS NONDISCLOSABLE BY LAW, ATTESTED BY THE RAISED SEAL OF THE TOWN OF GREENWICH.

Barbara Lowden
ASSISTANT REGISTRAR July 11, 2008

LEGAL FEE: \$10.00
THIS CERTIFICATE NOT VALID WITHOUT SEAL