

21321

NEW YORK STATE DEPARTMENT OF HEALTH

PLACE OF REGISTRY

County of West

Bureau of Vital Statistics

Town of New-Castle

CERTIFICATE AND RECORD OF DEATH

Village of

City of

(No.)

St.;

Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.

Full Name of Deceased

Lucinda Yerks

(If an infant not named give family name.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

PLACE OF DEATH

Chappagna N.Y.

DATE OF DEATH

May 19, 1906

HOW LONG RESIDENT HERE

Several Years

If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."

I HEREBY CERTIFY, that I attended deceased from May 4 1906 to May 19 1906 and that death occurred on the date stated above at

AGE

68 YEARS MONTHS DAYS

P.M. To the best of my knowledge and belief the cause of death was as follows:

SEX

Female

COLOR

White

CHIEF CAUSE

FOR GENEALOGICAL RESEARCH ONLY

SINGLE, MARRIED, WIDOWED OR DIVORCED

Married

Valvular Cardiac Disease (DURATION) 6 mo

OCCUPATION

Housewife

CONTRIBUTORY

BIRTHPLACE STATE OR COUNTRY

New York City

NAME OF FATHER

J.C. Sumner Rosell

(Signed) Chas. Chapone M.D. May 20 1906 (Address) West Hill N.Y.

BIRTHPLACE OF FATHER STATE OR COUNTRY

Unknown

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

MAIDEN NAME OF MOTHER

Matilda Fish

Former or Usual Residence

How long at Place of Death?

days

BIRTHPLACE OF MOTHER STATE OR COUNTRY

Unknown

Where was disease contracted, if not at place of death?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

(Informant)

Mr. Yerks

Chappagna N.Y.

May 22, 1906

(Address)

Chappagna N.Y.

UNDERTAKER

H. V. Fish

ADDRESS

Mt. Kisco N.Y.



NY2527142

Ver. 11/2011