

PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

GERMAN HOSPITAL & DISPENSARY BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

NAME OF INSTITUTION IN THE CITY OF NEW YORK

Registered No. 4928

FULL NAME Mary Yerkes

SEX Female COLOR OR RACE White

DATE OF DEATH February 13th 1912

AGE 41 years

I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on February 1, 1912, that I last saw her alive on the 12th day of February 1912, about 7 o'clock A.M. or P.M., and that I am unable to state definitely the cause of death; the diagnosis during her last illness was: Ch. nephritis.

OCCUPATION Housewife

BIRTHPLACE U.S.

duration yrs. mos. ds.

How long in N.Y. (if less than 1 year) life

Contributory (Secondary) duration yrs. mos. ds.

NAME OF FATHER Patrick McInnott

Signature Wallace Wooster M.D.

BIRTHPLACE OF FATHER N.Y.

House Physician

MAIDEN NAME OF MOTHER Katie Thaler

I hereby certify that I have this day of 1912 performed an autopsy upon the body of said deceased, and that the cause of her death was as follows:

BIRTHPLACE OF MOTHER N.Y.

Special INFORMATION required in deaths in hospitals and institutions by deaths of non-residents and recent residents. Place of residence Chappaqua N.Y.

Signature M.D.

Was disease contracted, if not at place of death?

Pathologist Hospital

PLACE OF BURIAL Pleasantville N.Y. DATE OF BURIAL Feb. 15 1912

UNDERTAKER John J. Thorn ADDRESS 134 East 23 St New York City