

CERTIFICATE OF DEATH
CONN. STATE DEPT. OF HEALTH

139

DECEASED — NAME 1. CATHERINE REGAN YERKS		FIRST MIDDLE LAST		SEX 2. Female	STATE FILE NUMBER
DATE OF BIRTH (MONTH, DAY, YEAR) 3. 11-26-1892	RACE — WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE — LAST BIRTHDAY (YEARS) 5a. 80	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF DEATH (MONTH, DAY, YEAR) 6. 10-3-1973
COUNTY OF DEATH 7a. Fairfield	TOWN OF DEATH 7b. Greenwich	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. 15 Kent Place, Cos Cob			
CITY & STATE OF BIRTH (Country, if not U.S.) 8a. Somers, New York	CITIZEN OF (Country) 8b. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, LEGALLY SEPARATED 9. Widowed	LAST SPOUSE (If wife, give maiden name) 10. James L. Yerks, Sr.		
SOCIAL SECURITY NUMBER 11. 043-58-0182	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12a. Housewife	KIND OF BUSINESS OR INDUSTRY 12b. at home			
RESIDENCE — STATE 13a. Connecticut	COUNTY 13b. Fairfield	TOWN 13c. Greenwich	STREET AND NUMBER 13d. 15 Kent Place, Cos Cob		
WAS DECEASED A VETERAN? (SPECIFY YES OR NO) 14a. No	IF YES, GIVE WAR 14b.	UNIT OR SHIP 14c.			
FATHER — NAME 15. Patrick Regan			MOTHER — MAIDEN NAME 16. Katie Towey		
INFORMANT — NAME 17a. James L. Yerks, Jr.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 8 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
IMMEDIATE CAUSE 18. Cardiac Arrest					<i>instantly</i>
(a) <i>Coronary Arrest</i> DUE TO, OR AS A CONSEQUENCE OF:					
(b) _____ DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____ 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)					AUTOPSY (YES OR NO) 19a. <i>no</i>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED 20d.	ENTER NATURE OF INJURY (PART I OR PART II, ITEM 18) 20e.	INJURY AT WORK (SPECIFY YES OR NO) 20f.
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21a.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 21b.	SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 18 (Name of operation) 21c. (Date performed) 21d.			
CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM 22a. MONTH DAY YEAR TO MONTH DAY YEAR 22b.	AND LAST SAW HIM/HER ALIVE ON 22c. MONTH DAY YEAR	DEATH OCCURRED (HOUR) 22d. M.	ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 22e.		
CERTIFICATION — MEDICAL EXAMINER: IN MY OPINION, ON THE DATE AND HOUR OF DEATH 23a. <i>3 Oct 1973</i>	THE DECEDENT WAS PRONOUNCED DEAD 23b. MONTH DAY YEAR <i>1450 M. 3 Oct 73</i>	HOUR 23c. <i>5:00 P.M.</i>			
CERTIFIER — NAME (TYPE OR PRINT) 24a. J. Colman Kelly, MD, Asst. ME	SIGNATURE <i>J. Colman Kelly</i>	DEGREE OR TITLE Asst. M.D.			
MAILING ADDRESS — CERTIFIER 25a. 30 Bonwit Road, Riverside, Connecticut 06878	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	DATE SIGNED (MONTH, DAY, YEAR) 25b. <i>4 Oct 73</i>			
BURIAL, CREMATION, REMOVAL (SPECIFY) 26a. Burial	CEMETERY OR CREMATORY — NAME 26b. St. Mary	LOCATION 26c. Greenwich, Connecticut	CITY OR TOWN STATE		
DATE (MONTH, DAY, YEAR) 27a. 10-6-1973	FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 27b. Leo P. Gallagher & Son, Inc., Greenwich, Conn. 06830	31 Arch Street			
FUNERAL DIRECTOR OR EMBALMER — SIGNATURE <i>Charles M. Danks</i>	NAME OF EMBALMER IF BODY WAS EMBALMED 28a. Daniel H. Reirden	LICENSE NUMBER 28b. 1735			
THIS CERTIFICATE RECEIVED FOR RECORD ON 29a. OCT 5 1973	BY <i>Mary C. Sullivan</i>	REGISTRAR 29b.			

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 Rowden
ASSISTANT REGISTRAR July 11, 2008

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