

New York State Department of Health  
DIVISION OF VITAL STATISTICS

79773

1 PLACE OF DEATH (District No. 5957)  
To be inserted by Registrar

County Westchester

Town St. Pleasant

Village \_\_\_\_\_

City \_\_\_\_\_

STANDARD CERTIFICATE OF DEATH  
STATE OF NEW YORK

Registered No. 504

(No. Grasslands Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME William Yerkes

(18a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Armory B-4  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

16 DATE OF DEATH Dec 8, 1929  
(Month) (Day) (Year)

6a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF (Give maiden name of wife.)

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1929, to Dec 8, 1929 that I last saw him alive on Dec 8, 1929 and that death occurred on the date stated above, at 10:20 P.M. The CAUSE OF DEATH † was as follows:  
T. B. Pulmonary bilateral emphysema

6 DATE OF BIRTH May 7, 1880  
(Month) (Day) (Year)

7 AGE Years 49 Months 7 Days \_\_\_\_\_ If LESS than 1 day, how many hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Labourer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

(Duration) 3 1/2 yrs. mos. May

9 BIRTHPLACE (City or Town) Chappaqua (State or Country) N.Y.

CONTRIBUTORY Bronchopneumonia etel. (secondary) (Duration) May yrs. mos.

10 NAME OF FATHER Aaron Yerkes

18b Where was disease contracted, or injury sustained? \_\_\_\_\_

11 BIRTHPLACE (City or Town) Heartsville (State or Country) N.Y.

Did an operation precede death? no Date 1001

12 MAIDEN NAME OF MOTHER Sarah Slagel

Nature of operation \_\_\_\_\_

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

Was there an autopsy? yes What test confirmed diagnosis? I Exam'd autopsy (Signed) Wm. A. ... M.D. 1-7-29, 1929 (Address) Valhalla N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature of Informant) Thelma K. Sellers (Address) Grasslands Hospital

†State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Use reverse side for instructions and additional space

15 Filed Dec 17, 1929. Edw. F. Lane REGISTRAR

19 PLACE OF BURIAL, CREMATION OR REMOVAL County Cem. Pleasant DATE OF BURIAL Dec 16 29

Burial or Transit Permit issued by F. R. Russell Date of issue Dec 14, 1929

20 UNDERTAKER (License No.) Dr. G. Caldwell ADDRESS Grasslands