

REGISTRATION DISTRICT NO.		CERTIFICATE OF DEATH			
DECEDENT PERSONAL DATA <small>(PRINT OR TYPE NAME)</small>	1a NAME OF DECEASED—FIRST NAME		1b MIDDLE NAME	1c LAST NAME	2a DATE OF DEATH
	Lemora		C.	Yerko	2
	3 SEX	4 COLOR OR RACE	5 MARRIED, NEVER MARRIED, WIDOWED	6 DATE OF BIRTH	7 AGE CLASS
	Female	White	Widowed	April 12, 1916	90
8a USUAL OCCUPATION IS THE KIND OF WORK MOST OF MORNING LIFE, EVEN IF RETIRED.		8b KIND OF BUSINESS OR INDUSTRY		9 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10 CITIZENSHIP
Housewife		Sun Room		Pleasantville	
11 NAME OF FATHER			12 MAIDEN NAME OF MOTHER		13 NAME OF DECEASED
Alexander Lee			Mary Jean Hodley		Yerko
14 WAS DECEASED EVER IN U.S. ARMED FORCES? <small>SPECIFY YES, NO, UNKNOWN</small>				15 SOCIAL SECURITY NUMBER	
No				None	
PLACE OF DEATH	17a PLACE OF DEATH—CITY OR TOWN <small>IF OUTSIDE CORPORATE LIMITS, GIVE STREET ADDRESS OR LOCATION</small>		17b LENGTH OF STAY (IF THIS PLACE)		
	Greenville		None		
	17c FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION— <small>IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION</small>				
Veterans Memorial Hospital					
USUAL RESIDENCE <small>(ENTER DECEASED (YMC) OR INSTITUTION (MS) OFFICE BEFORE ADDRESS)</small>	18a STREET ADDRESS (IF RURAL, GIVE LOCATION)		18b CITY OR TOWN <small>IF OUTSIDE CORPORATE LIMITS, GIVE STREET ADDRESS OR LOCATION</small>	18c COUNTY	
	Clinton Street		Wagonch, N.Y.		
	19 THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH.				
	19-1a DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
CAUSE OF DEATH <small>(ENTER ONLY ONE CAUSE PER LINE FOR 19-1a, b, AND 1c)</small>	19-1b ANTECEDENT CAUSES <small>NORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE 19-1a; STATING THE UNDERLYING CAUSE LAST</small>		19-1b DUE TO		
			19-1c DUE TO		
	19-1d CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		19-1d OTHER SIGNIF. COND. CONDITIONS		
OPERATIONS AUTOPSY	20a DATE OF OPERATION		20b MAJOR FINDINGS OF OPERATION		
DEATH DUE TO EXTERNAL VIOLENCE	22a ACCIDENT, SUICIDE, HOMICIDE <small>(SPECIFY)</small>		22b PLACE OF INJURY <small>IS IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.</small>		22c LOCATION (CITY OR TOWN)
	22d TIME OF INJURY <small>MONTH DAY YEAR HOUR</small>		22e INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		22f HOW DID INJURY OCCUR?
PHYSICIAN'S OR CORONER'S CERTIFICATION	23a CORONER'S (IF BY CORONER) THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY <input type="checkbox"/> INQUIRY, OR <input type="checkbox"/> INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE				23b PHYSICIAN'S (IF BY PHYSICIAN) THAT I CERTIFY THAT I AM <input type="checkbox"/> A PHYSICIAN AND THAT DEATH OCCURRED FROM THE CAUSE STATED ABOVE
	23c SIGNATURE		23d ADDRESS		
FUNERAL DIRECTOR AND REGISTRAR	24a <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> FUNERAL HOME	24b DATE	24c CEMETERY OR CREMATORY		25 SIGNATURE
		2-9-57	Walden Valley Cem.		
27 DATE RECEIVED BY LOCAL REGISTRAR		28 SIGNATURE OF LOCAL REGISTRAR			26 SIGNATURE