

N. B.—WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

(District No. 1401)

New York State Department of Health

DIVISION OF VITAL STATISTICS

State Reg. No.

COUNTY OF ERIE

CITY OF BUFFALO

CERTIFICATE OF DEATH

Local Reg. No.

(No. 81 Sidney

St.; 14 Ward)

2 FULL NAME

3 Residence No.

(Usual place of abode)

4 Length of residence in district where death occurred

Years Months Days

5 How long in U. S., if of foreign birth?

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

6 SEX

7 COLOR OR RACE

8 Single, Married, Widowed, or Divorced (Write the word)

9 IF MARRIED, WIDOWED OR DIVORCED

Husband of (or) Wife of

9 DATE OF BIRTH (month, day and year)

10 AGE

Years

Months

Days

If LESS than 1

day, hrs. or min.

OCCUPATION

11 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

12 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

13 Date deceased last worked at this occupation (month, day and year)

14 Total time (years) spent in this occupation

15 BIRTHPLACE (City or Town) (State or Country)

MOTHER FATHER

16 NAME

17 BIRTHPLACE (City or Town) (State or Country)

18 MAIDEN NAME

19 BIRTHPLACE (City or Town) (State or Country)

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature of Informant)

(Address)

21 PLACE OF BURIAL, CREMATION or REMOVAL

DATE OF BURIAL

22 UNDERTAKER (License No.) (Signature)

ADDRESS

23 Filed

JUN 4 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH

(month, day and year)

25 I HEREBY CERTIFY, That I attended deceased from

May 21, 1933, to June 3, 1933

I last saw her alive on June 2, 1933

To the best of my knowledge, death occurred on the date stated

above, at 12:30 A. M.

CAUSE OF DEATH*

Myocarditis unknown

CONTRIBUTORY CAUSES

(a) Hypertension unknown

(b)

(c)

(d)

26 Where was disease contracted, or injury sustained?

no

27 Name of operation, if any

Date

Condition for which performed

Organ or part affected

28 What laboratory test assisted diagnosis?

29 Was there an autopsy?

no

(Signed) Dominic T. Cioffi, M.D.

June 3, 1933 (Address) 1402 E. Delaware Ave

*See reverse side for instructions

Burial

Transit

Date of Issue

June 4-1933

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH