

PLACE OF DEATH

(Dist. No. 3274)
To be inserted by Registrar

New York State Department of Health

DIVISION OF VITAL STATISTICS

County Orieles
Town Westonland
Village _____
City _____ (No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORK

56753

Registered No. 17

FULL NAME

James Pryor

(19a) Residence No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widowed

14 DATE OF DEATH Oct 16, 1921
(Month) (Day) (Year)

4a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Pryor

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1921, to Oct 16, 1921, that I last saw him alive on Oct 15, 1921, and that death occurred on the date stated above, at 3 9 M. The CAUSE OF DEATH * was as follows:
Accident - Hep. Cir. Tis

6 DATE OF BIRTH Mar 16, 1830
(Month) (Day) (Year)

7 AGE Years 91 Months 7 Days - If LESS than 1 day, how many hrs. or min.?

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

9 BIRTHPLACE (City or Town) Ireland
(State or Country)

10 NAME OF FATHER John Pryor

11 BIRTHPLACE OF FATHER (City or Town) Ireland
(State or Country)

12 MAIDEN NAME OF MOTHER Ann Keenan

13 BIRTHPLACE OF MOTHER (City or Town) Ireland
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Certified: Margaret Pryor
(Address) Clinton, N.Y.

15 Filed Oct 18, 1921 John Hamblet
REGISTRAR

Burial or Transit; Permit issued by John Hamblet

FOR GENEALOGICAL RESEARCH ONLY

CONTRIBUTORY (occasion) _____ (Duration) _____ yrs. _____ mos. _____ ds.

18a Where was disease contracted, if not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) J. B. Hamilton, M. D.
Oct 16, 1921 (Address) Clinton, N.Y.

*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

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clinton, N.Y. DATE OF BURIAL Oct 19, 1921

20 UNDERTAKER W. Autour ADDRESS Middleville, N.Y.

Date of Issue October 18, 1921

See Instructions on Other Side