RECORDED DISTRICT

REGISTER NUMBER

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

<i>i</i> •	A NAME FROM A DATE OF DEATH A 28 HOURS
*	1. NAME: FIRST / MIDDLE LAST ELOISE HAWKINS 2. SEX: MALE FEMALE 1 3B. HOUR: MONTH DAY YEAR 1 3B. HOUR: MONTH DAY YEAR 1 1 30 A m
RESIDENCE	4A. PLACE OF DEATH: HOSPITAL H
NCHS	St. Elizabeth's Hospital CITY OF VILLAGE OF TOWN OF Utica Oneida 4F. MEDICAL RECORD NO: 14G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)
4C	107670 NO YES 5. DATE OF BIRTH: MONTH DAY YEAR 1. IF UNDER 1 YEAR IF UNDER 1 DAY 7A. CITY AND STATE OF BIRTH: (Country 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: HOSPITAL OF BIR
4G	Sept 23 1910 77 yrs. 8. SERVED IN U.S. ARMED FORCES? (Specify years) 9. RACE: (Black, White, etc.) 10. HISPANIC ORIGIN? (If yes, specify) 11. EDUCATION: (Check only one)
7A	NO YES NO YES O-11 12 13-15 16 17+ ILX
7B	073-05-12/7 X ₁ 2 3 4
	15A. USUAL OCCUPATION: (Do not enter retired) 15B. KIND OF BUSINESS OR INDUSTRY: 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Whitesboro, NY 16A. RESIDENCE, STATE: 16B. COUNTY: 16C. LOCALITY: (Check one and specify)
9	New York One ida CITY OF VILLAGE OF TOWN OF New Hartford VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:
10	53 Powell Avenue, Whitesboro, NY 13492 17. NAME OF FIRST MI LAST OF MOTHER: OF MOTHER: Canalina Nagla
SI	19A. NAME OF INFORMANT: 19B. MAILING ADDRESS: (Include zip code)
25	ar. D. Dowell Hawains
. 1	20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) BURIAL OR OTHER DISPOSITION: (Specify) Mar 16 86 Mount Olivet Cemetery Whitesboro, NY
30	21A. NAME AND ADDRESS OF FUNERAL HOME: Priedel & Williams Funeral Homes, Utice NY 13502 22A. NAME OF FUNERAL DIRECTOR: 21B. REGISTRATION NUMBER: 21B. REGISTRATION NUMBER: 22C. REGISTRATION NUMBER:
31	Donald A. Edmunds 23A. SIGNATURE OF REGISTRAR: 23B. DATE FILED: MONTH DAY YEAR 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: 124B. DATE ISSUED: MONTH DAY YEAR
31B	ITEMS 25 THROUGH 22 TO BE
QR	COMPLETED BY CERTIFYING PHYSICIAN OR — COMPLETED BY CORONER OR MEDICAL EXAMINER
QS	25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: MONTH DAY YEAR 3 15 3 15 3 15 3 15
QCOD	25B. THE PHYSICIAN ATTENDED THE DECEASED 25C. LAST SEEN ALIVE: 25B. PRONOUNCED DEAD 25C. HOUR: 25D. DATE SIGNED: MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR ON MONTH DAY YEAR ON MONTH DAY YEAR MONTH
	FROM 1 23 85, TO 3 0 65 3 70 85 ON 1 m1 25D. NAME OF ATTENDING PHYSICIAN: LICENSE NUMBER 25E. SIGNATURE OF CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:
CANCER	26. NAME AND ADDRESS OF CERTIFIER: 27. MANNER OF DEATH: UNDETERMINED PENDING [28. WAS CASE REFERRED TO 29A. AUTOPSY?] 29B. IF YES, WERE FINDINGS USED
.	NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE CIRCUMSTANCES INVESTIGATION CORONER OR MEDICAL EXAMINER? NO YES TO DETERMINE CAUSE OF DEATH? CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL CONFIDENTIAL
	30, DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. IMMEDIATE CAUSE: Congritue heart la lune
	DUE TO OR AS A CONSEQUENCE OF: (B) DUE TO OR AS A CONSEQUENCE OF:
VT:	(C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(A): 200 DEATH SUCCESSION OF PART I(A): 200 DEATH SU
DECEDE physician	DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(A): 31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: 31B. LOCALITY: (City or town and county and state) m1 31C. DESCRIBE HOW INJURY OCCURRED:
NAME OF DECEDENT: For use by physician or institution	31D. PLACE: 31E. AT WORK? 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES LAST 2 MONTHS? NO YES 6 MONTHS? 0 0 1 1
	DOH-1961 (1/88) VS-60