

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

Certificate of Death

Certificate No.

1938 OCT 21 PM 5 24

1. NAME OF DECEASED (Print) EDITH LIVINGSTON SMITH

First Name

Middle Name

Last Name

PERSONAL AND STATISTICAL PARTICULARS
(May be filled in by Funeral Director)

2 USUAL RESIDENCE:

(If non-resident, give place and state)

Borough West Palm Beach FlaNo. 211 Plymouth Tid.

Ave. St.

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

4 WIFE

HUSBAND of ALPHEUS D.

5 DATE OF BIRTH

(Month)

(Day)

(Year)

OF DECEDENT

, 1

6 AGE

66 yrs. 00 mos. 00 das.

If LESS than 1 day,

00 hrs. or 00 min.

7 OCCUPATION

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

RETIRED

B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Housewife

C Date deceased last worked at this occupation (month and year)

D Total time (years) spent in this occupation

8 BIRTHPLACE (State or country)

U.S.A.

9 How long in U. S. (if of foreign birth)

Life

10 How long resident in City of New York

Non-Res

11 NAME OF FATHER OF DECEDENT

Robert F CRARY

12 BIRTHPLACE OF FATHER (State or country)

U.S.

13 MAIDEN NAME OF MOTHER OF DECEDENT

ALICE VAN KLEECK

14 BIRTHPLACE OF MOTHER (State or country)

U.S.

15 SIGNATURE OF INFORMANT

Richard B. Smith

RELATIONSHIP TO DECEASED

Son

ADDRESS

Chappaqua N.Y.

24 PLACE OF BURIAL OR CREMATION

Ferncliff Crematory

DATE OF BURIAL OR CREMATION

OCT 22 1938

25 FUNERAL DIRECTOR

Chas R. StewartADDRESS 241 E 51ST ST.PERMIT NUMBER 3074

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the physician)16 PLACE OF DEATH: Borough LAT 32-57 N.No. LONG 77-34 W.

Ave. St.

17 PREMISES:—HOSPITAL, TENEMENT, PRIVATE HOUSE, HOTEL, ETC. (If institution, give name)

SS SHAWNEE

18 DATE OF

(Month)

(Day)

Year

DEATH OCT 20, 1938

19 SEX

Female

20 COLOR OR RACE

White

21 CHILD

ADULT

(Cross out one)

22 I HEREBY CERTIFY that I attended the deceased from Oct 20 8:30 AM 1938 to Oct 20 10:00 AM 1938that I last saw her alive on Oct 20 1938, and that death occurred on the date stated above at 10:00 A.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner.

The principal cause of death and related causes of importance were as follows: DURATION

Hypertrophic Heart Disease unknown

Other contributory causes of importance:

CalculusSenility & arteriosclerosis

Autopsy:

Date of

Operation:

Date of

Name of Operation

What test confirmed diagnosis?

Witness my hand this 21 day of October 1938

Signature

John P. Malheur

M. D.

Address

SS Shawnee

23 Pathological Diagnosis

E. A. Chelton

Signature

Master S. S. Shawnee M.D.

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

BORO-DEATH

INSTITUTION

BORO RESID

AREA-DIST

OCCUPATION

NATIV. DEC.

NATIV. MOTHER

CAUSE 1

CAUSE 2

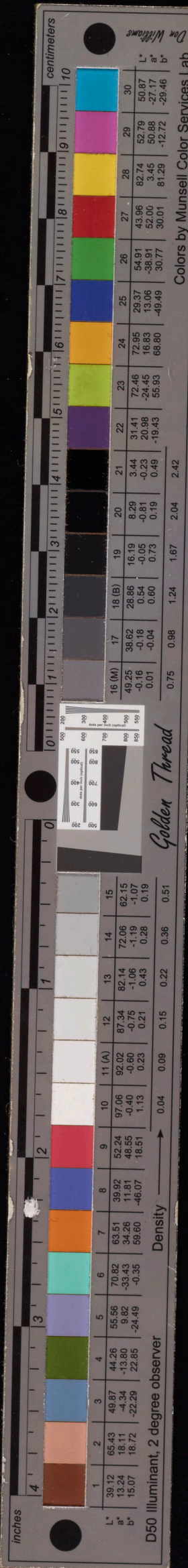
OPERATION

TYPE ACCID.

O. T. ACCID.

ATT.-AUTOP.

CEM.



TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—

"No permit to remove, ship, cremate or bury the remains*** will be issued unless the funeral director applying for such permit shall sign his name*****and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. The death certificate of a child will not be accepted unless the date of birth is given in Item 5 and the age is correctly stated in Item 6. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: **Asiatic Cholera, Diphtheria, Bubonic Plague, Acute Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)**—shall immediately place the body in a coffin or casket and **permanently** close and seal it with seals provided for the purpose by the Department of Health.

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to funeral directors by telephone, permission for the removal of a body to a home or funeral chapel, provided the application is made by a licensed undertaker who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is **not** necessary for the Funeral Director to obtain the supplementary certification from the attending physician—Form 113-H—that death was not due to a cause that must be referred to the Office of the Chief Medical Examiner for investigation.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, to dispose of the remains of Edith B. Smith.

by Richard Smith. of Chappaqua N.Y.

who is the nearest relative and the nearest surviving relative or next of kin of the deceased.
(Relationship)

This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature) [Signature] Permit No. 3074

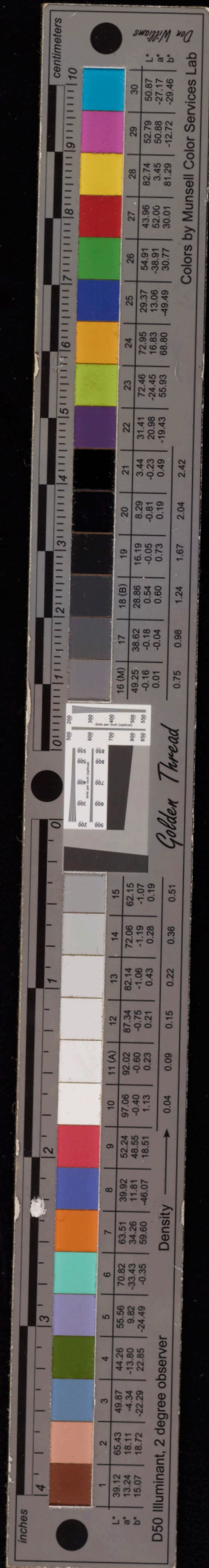
Business Address 241 E. 51 St N.Y.C.

To Be Filled In by the Undertaker When Obtaining Removal Permit by Telephone

Telephone Removal No. 27 granted by [Signature]

Date Oct 21 Hour 3:30 (A.M.)
(P.M.) [Signature]
(Undertaker)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.



105