

New York State Department of Health
OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH Registered No. 3275

1. PLACE OF DEATH: STATE OF NEW YORK
 a. COUNTY Erie
 b. TOWN _____
 c. CITY OR VILLAGE Buffalo
 2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission):
 a. STATE New York
 b. COUNTY _____
 c. TOWN _____
 d. CITY OR VILLAGE Buffalo Is residence within its corporate limits? YES NO
 e. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 50 Years
 f. STREET ADDRESS 15 Anderson Pl.
 g. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 15 Anderson Place
 h. IS RESIDENCE ON FARM? YES NO
 3. NAME OF DECEASED (Type or Print) George A. Davis, Jr.
 4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 19 61
 5. SEX Male
 6. COLOR OR RACE White
 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. IF MARRIED, WIDOWED OR DIVORCED, Name of (Husband (or) Wife) Grace Ogilvie
 9. DATE OF BIRTH 3/9/1890
 10. AGE (In years (last birthday) 72 Months 0 Days 0 Hours 0 Min. 0
 11. BIRTHPLACE (State or foreign country) Lancaster, New York
 12. CITIZEN OF WHAT COUNTRY? U. S. A.
 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
 13b. KIND OF BUSINESS OR INDUSTRY Own Practice
 14. FATHER'S NAME George A. Davis
 15. MOTHER'S MAIDEN NAME Lillie Grimes
 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, if unknown) Yes War I
 17. SOCIAL SECURITY NO. _____
 18. INFORMANT'S NAME Mrs. Grace O. Davis, Jr. ADDRESS --15 Anderson Place,

19. CAUSE OF DEATH (Enter only one cause on a line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Asphyxia
 Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last. Hanging
 DUE TO (b) _____
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (a) _____
 20. WAS AUTOPSY PERFORMED? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide
 21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.) Hung himself in basement of his home
 21c. TIME OF INJURY 12:20 p.m. Month 6 Day 4 Year 61
 21d. INJURY OCCURRED While at Work Not While at Work
 21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
 21f. WHERE DID INJURY OCCUR? City or town Buffalo County Erie State N.Y.
 22. I hereby certify that I attended the deceased 12:20 o'clock, on 6-4-61, that I last saw the deceased alive on 6-4-61, and that death occurred 12:20 p.m., from the causes and on the date stated above.
 22a. SIGNATURE H. C. Hunter, M.D.
 22b. ADDRESS 1220
 22c. DATE SIGNER 6-4 19 61
 22d. SIGNATURE OF UNDERTAKER _____
 22e. DATE FILLED BY LOCAL REG. _____
 22f. SIGNATURE OF REGISTRAR _____

24a. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Crematory
 24b. DATE June 5, 1961
 24c. ADDRESS OF UNDERTAKER 8-0262
 24d. REGISTRATION NO. 000133
 24e. DATE FILLED BY LOCAL REG. JUN - 5 1961
 24f. SIGNATURE OF REGISTRAR Walter E. Suberstein
 24g. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Crematory
 24h. DATE JUN - 5 1961
 24i. ADDRESS OF UNDERTAKER 8-0262
 24j. REGISTRATION NO. 000133
 24k. DATE FILLED BY LOCAL REG. JUN - 5 1961
 24l. SIGNATURE OF REGISTRAR Walter E. Suberstein

MARGIN RESERVED FOR BINDING
 THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH.
 TYPEWRITE, HAND-PRINT OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.
 Form VS No. 500 - 4-24-59 - 90881 (6C-160)

(See Reverse for Instructions)

MEDICAL CERTIFICATION