

PLACE OF DEATH

(Dist. No. 4601)
To be inserted by Registrar

New York State Department of Health
BUREAU OF VITAL STATISTICS

57787

County _____
Town _____
Village _____
City Glenchester

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORK

Registered No. 707

(No. 6 Ellis Hospital St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Charles Evans

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Sept 2, 1916
(Month) (Day) (Year)

4 DATE OF BIRTH Oct 15, 1889
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1916, to Sept 2, 1916,
that I last saw him alive on Sept 2, 1916,
and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH* was as follows:

7 AGE 26 yrs. 10 mo. 18 ds.
If LESS than 1 day, how many hrs. or min.?

General septicæmia and acute gonorrhœal endocarditis

8 OCCUPATION
(a) Trade, profession, or particular kind of work General Electric Co.
(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturing

(Duration) _____ yrs. _____ mo. _____ ds.

9 BIRTHPLACE Arlington VT

Contributory Cerebral Embolism
(secondary) (Duration) 1 yrs. _____ mo. 24 ds.

10 NAME OF FATHER Carl Albert Evans

(Signed) [Signature], M.D.
Sept 2, 1916. (Address) 818 St. ...

11 BIRTHPLACE OF FATHER Alburgh, Canada

12 MAIDEN NAME OF MOTHER Elizabeth Welch

13 BIRTHPLACE OF MOTHER Fort Ann N.Y.

*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mo. 8 ds. In the _____ State _____ yrs. _____ mo. _____ ds.
(Primary registration district)

Informant: Harriet Katharine Hughes
(Address) Providence R.I.

Where was disease contracted, if not at place of death?
Former or usual residence Schenectady

15 Sept 5, 1916 to Sept 5, 1916
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Bennington VT
20 DATE OF BURIAL Sept 4, 1916

21 UNDERTAKER Berman & Company
ADDRESS 202 North ...

22 Serial or Permit issued by [Signature]
Date of issue Sept 2, 1916