

New York State Department of Health  
DIVISION OF VITAL STATISTICS

37912

Dist. No. 5 27  
To be certified by registrar

CERTIFICATE OF DEATH

Registered No. 52

1 PLACE OF DEATH: STATE OF NEW YORK  
County SUFFOLK  
Town SOUTHOLD  
Village GREENPORT  
City  
EASTERN LONG ISLAND HOSPITAL  
Length of stay:  
In hospital or institution yrs. mos. days  
In town, village or city yrs. mos. days

2 USUAL RESIDENCE OF DECEASED:  
State NEW YORK  
County SUFFOLK  
Town SOUTHOLD  
Village  
Number of days absent  
Is residence within limits of city or is corporate village?  
3a Citizen of foreign country (a) (b)  
If yes, name country

3 Full Name JAMES HOPE

4 (a) Social Security No. 095-07-1701 (b) If Veterans, Name War

5 Sex M (c) COLOR OR RACE W (d) Single, Married, Widowed, or Divorced (Write the word) MARRIED

8 If MARRIED, Husband or Wife BEATRICE M. PEARSON 66 years

9 DATE OF BIRTH (month, day, year) DEC 4 1878

10 AGE: Years 67 Months 6 Days 26

11 Usual occupation GUN BUSINESS

12 Industry or business BROOKLYN, NY

13 BIRTHPLACE (City or Town) (State or Country) PHILADELPHIA PA

14 NAME JAMES HOPE

15 BIRTHPLACE (City or Town) (State or Country) PHILADELPHIA PA

16 MAIDEN NAME ADELAIDE MOTT

17 BIRTHPLACE (City or Town) (State or Country) LONDON ENGLAND

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant's own signature

19 PLACE OF BURIAL (CREMATION OR REMOVAL) DATE OF BURIAL  
Holtsville Cemetery 12 1946

20 UNDERTAKE OR PERSON IN CHARGE

ADDRESS

21 Undertaker's License No.

22 Signature of Registrar or Registrar

Burial or Transit Permit issued by

Date of issue

MEDICAL CERTIFICATION

21 DATE OF DEATH (Month, Day, and Year) June 30 1946

22 I HEREBY CERTIFY, That I attended deceased from June 27, 1946 to June 29, 1946

I last saw him alive on June 30, 1946

To the best of my knowledge, death occurred on the date stated above, at 10:30 a.m.

Immediate cause of death

Cerebral hemorrhage

Due to Chronic valvular disease of aorta and mitral valves

Other conditions (Include pregnancy within 1 month of date)

Major findings of operations

727

23 If autopsy

What laboratory test was made?

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 55.1

(c) Where did injury occur?

(d) Did injury occur in or about house, on farm, in industrial place, or public place? While at work

(e) Means of injury

25 Signatures

Address

DURATION OF CONDITION		
Yrs.	Mos.	Days

PHYSICIAN Under the cover to which death should be charged.

Date of issue June 30 1946