10582-

402

New York State Department of Health

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No.

or registrar

CASE OF DEATH: STATE OF NEW YORK

County: Onondaga

Town:

Village:

City: Syracuse 6th Ward

No.: Crouse-Irving Hospital St.

(If a hospital or institution, give NAME instead of street and number)

Length of stay: In hospital or institution ... yrs. ... mos. ... days; In town, village or city ... yrs. ... mos. ... days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)

State: New York

County: Onondaga

Town: Dewitt

Village or City:

No.: 401 Buffington Road St.

Is residence within limits of city or incorporated village? No

2a Citizen of foreign country (alien)? No (Yes or no)

If yes, name country:

3 Full Name (Print): Ensign Stover Cottrell

4 (a) Social Security No.: None

4 (b) If Veteran, Name War: No

5 Sex: Male

6 COLOR OR RACE: White

7 Single, Married, Widowed, or Divorced (Write the word): Married

8 IF MARRIED, WIDOWED OR DIVORCED: Husband or Wife: Evelyn Taylor — If alive 51 years

9 DATE OF BIRTH (month, day, year): August 29, 1887

10 AGE: Years 59; Months 5; Days 29; IF LESS than 1 day, ... hrs. or ... min.

11 Usual occupation: Civil Engineer & Surveyor

12 Industry or business: Own Business

13 BIRTHPLACE (City or Town) (State or Country): Town of Hoosick, N.Y.

FATHER — 14 NAME: William Cottrell

FATHER — 15 BIRTHPLACE (City or Town) (State or Country): Town of Hoosick, N.Y.

MOTHER — 16 MAIDEN NAME: Lottie Worthington

MOTHER — 17 BIRTHPLACE (City or Town) (State or Country): Town of Hoosick, N.Y.

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. Informant's own signature: Mrs Evelyn Cottrell

Address: 401 Buffington Road, Syracuse

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Syracuse N.Y. Morningside Cemetery — DATE OF BURIAL: March 1, 1947

20 UNDERTAKER OR PERSON IN CHARGE (Signature): Fairchild & Meech B. Albert Meech

ADDRESS: 500 W. Onondaga Street, Syracuse, N.Y.

UNDERTAKER'S License No.: 5228

21 Date received: ... 19...

B. M. Mitchell

Signature of Registrar or Subregistrar

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year): Feb. 27, 1947

23 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1947, to Feb 27, 1947

I last saw him alive on Feb 27, 1947

To the best of my knowledge, death occurred on the date stated above, at 4:40 Am.

Immediate cause of death: Spontaneous Subarachnoid Haemorrhage — DURATION OF CONDITION: Yrs. Mos. Days: 5m

Due to: Ruptured Cerebral Berry Artery — DURATION OF CONDITION: 5m

Due to: General Arterio-Sclerosis — DURATION OF CONDITION: 3+

Other conditions (Include pregnancy within 3 months of death):

Major findings of operations: Blood & Spinal Fluid — Date: Feb 27

Of autopsy: —

What laboratory test was made? Spinal Fluid +

PHYSICIAN: Underline the cause to which death should be charged.

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

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

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

25 Signature: [illegible] (ATTEN) M. D.

Address: Syracuse N.Y. Date: Feb. 28, 47

Burial or Transit Permit issued by: B M Mitchell Date of Issue: