

PLACE OF DEATH (Dist. No.) 1400

New York State Department of Health

DIVISION OF VITAL STATISTICS

COUNTY OF ERIE

STANDARD CERTIFICATE OF DEATH

Vol. No. 1193

CITY OF BUFFALO

STATE OF NEW YORK

Registered No.

(No. *Buffalo General Hosp* St., Ward)

(If person occurred in a hospital or institution give the NAME instead of street and number)

FULL NAME *Ernest C. Courtney*(18a) Residence No. *144 Newry Ave.* St., Ward.Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write in words) *Married*5a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF *Mrs Ernest Courtney*6 DATE OF BIRTH *Jan 20 1875*  
(Month) (Day) (Year)7 AGE Years *45* Months *1* Days *9* If LESS than 1 day, how many hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work *Hotel Keeper*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9 BIRTHPLACE (City or Town) (State or Country) *Shamane Iowa*10 NAME OF FATHER *William Courtney*11 BIRTHPLACE OF FATHER (City or Town) (State or Country) *Indiana*12 MAIDEN NAME OF MOTHER *Anna Cooper*13 BIRTHPLACE OF MOTHER (City or Town) (State or Country) *Unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Courtney*  
(Address) *144 Newry Ave.*15 Filed *Mar 3 1920* 19... *Hankin Jam* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *February 27* 19*20*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *July 26*, 19*20* to *July 28*, 19*20*, that I last saw him alive on *July 28*, 19*20*, and that death occurred on the date stated above, at *9:20* P. M. The CAUSE OF DEATH\* was as follows:*Come following pulmonary tuberculosis*

(Duration) yrs. mos. ds.

CONTRIBUTORY *Embryonic tuberculosis*  
(Secondary) *Heart Disease* (Duration) yrs. mos. ds.

18b Where was disease contracted, if not at place of death?

Did an operation precede death? *Yes* Date of *July 27 20*Was there an autopsy? *Yes*What test confirmed diagnosis? *Courtesy Frook of Lake Erie*(Signed) *Geo T. Call* M. D.  
*Feb 3 1920* (Address) *1001 Main St.*

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

19 PLACE OF BURIAL, CREMATION OR REBURYAL *Buffalo Gen. P.H.* DATE OF BURIAL *Mar 4 1920*20 UNDERTAKER *C. W. Decker* ADDRESS *5 W. Warden Ave*Date of Issue *Mar. 3 1920*

See Instructions on Other Side