

New York State Department of Health
OFFICE OF VITAL RECORDS

518
5618

Dist. No. 1401
To be inserted by registrar

CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u> Erie </u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission): a. STATE <u> New York </u>	
b. TOWN	c. LENGTH OF STAY IN TOWN, CITY OR VILLAGE <u> 25 Years </u>	b. COUNTY <u> Erie </u>	c. TOWN
d. CITY OR VILLAGE <u> Buffalo </u>	d. CITY OR VILLAGE <u> Buffalo </u>	1a. residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. NAME OF (if not in hospital or institution, give street address or location) <u> Buckingham Hotel 102-87 </u>		e. STREET ADDRESS <u> MARINER Buckingham Hotel </u>	1b. RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) <u> WILLIAM JOSEPH MARTIN </u>		4. DATE OF DEATH (Month) (Day) (Year) <u> 9 28 1960 </u>	
5. SEX <u> male </u>	6. COLOR OR RACE <u> white </u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u> Divorced </u>	
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife		11. BIRTHPLACE (State or foreign country) <u> California </u>	
9. DATE OF BIRTH <u> 7-28-1909 </u>	10. AGE (In years last birthday) <u> 51 </u>	12. CITIZEN OF WHAT COUNTRY? <u> U.S.A. </u>	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Professional Ball Player </u>		13b. KIND OF BUSINESS OR INDUSTRY <u> retired </u>	
14. FATHER'S NAME <u> Otto Martin </u>		15. MOTHER'S MAIDEN NAME <u> Ella Link </u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> no </u>		17. SOCIAL SECURITY NO. <u> 555-10-1989 </u>	
18. INFORMANT'S NAME <u> Records of G.I. Roberts & Sons </u>		ADDRESS <u> 2409 Main St. </u>	

19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u> Coronary occlusion </u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last.	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 19.)		
21c. TIME OF INJURY Hour <u> 11:00 </u> Month <u> 9 </u> Day <u> 28 </u> Year <u> 1960 </u>	21d. INJURY OCCURRED While at <input type="checkbox"/> Not While <input checked="" type="checkbox"/> Work at Work	21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21f. WHERE DID INJURY OCCUR City or town <u> Buffalo </u> County <u> Erie </u> State <u> N.Y. </u>

22. I hereby certify that I attended the deceased from 22-28 19 10 , that I last saw the deceased at his home and that death occurred at Buffalo , from the causes and on the date stated above.

22a. SIGNATURE Edward A. Adams, M.D. (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 9/28/60

24a. PLACE OF BURIAL, CREMATION OR REMOVAL <u> Ridgeway - Cam. </u>	24b. DATE <u> Oct. 4 1960 </u>	25a. SIGNATURE OF UNDERTAKER <u> George J. Roberts & Sons CO3451 </u>
23b. ADDRESS OF UNDERTAKER <u> 205 Linwood Ave </u>	REGISTRATION NO. <u> 62115 </u>	26a. DATE FILED BY LOCAL <u> SEP. 30 1960 </u>
24c. SIGNATURE OF REGISTRAR <u> Victor C. Silverstein </u>		26b. SIGNATURE OF REGISTRAR

Serial or Transmittal Permit issued by E. W. Allen Date of issue SEP. 30 1960

MEDICAL CERTIFICATION