

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

53988

Registered No. 2

763
Filed by registrar

PLACE OF DEATH: STATE OF NEW YORK
County Orange
Town Redfield
Village
City
No. 2122 St. 00
(If a hospital or institution give its NAME instead of street and number)
Length of stay:
In hospital or institution 2 yrs. 0 mos. 00 days
In town, village or city 4 yrs. 0 mos. 00 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)
State New York
County New York
Town
Village or City Ilion
No. 00 St.
Is residence within limits of city or incorporated village? Yes
2a Citizen of foreign country (alien)? No
(Yes or No)
If yes, name country

3 Full Name William J. Duggleby
4 (a) Social Security No. None 4 (b) If Veteran, Name War 22
5 Sex Male 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Married
8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Ethel Williams Age if alive 50 years
9 DATE OF BIRTH (month, day, year) Mar 16 - 1874
10 AGE Years 70 Months 5 Days 14 IF LESS than 1 day, hrs. or min.

MEDICAL CERTIFICATION
22 DATE OF DEATH Aug 30, 1944 (Month, Day and Year)
23 I HEREBY CERTIFY That I attended deceased from on Aug 30, 1944 to 1944
I last saw him alive on Aug 30, 1944
To the best of my knowledge, death occurred on the date stated above, at 10 P. m.
Immediate cause of death: Chronic intercardial infarction

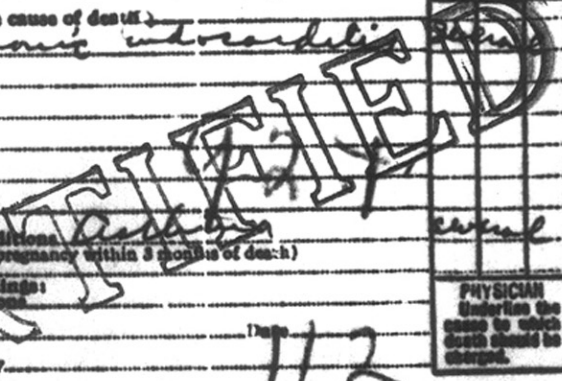
11 Usual occupation Laborer
12 Industry or business City of Ilion N.Y.
13 BIRTHPLACE (City or Town) (State or Country) Ilion New York
14 NAME John Duggleby
15 BIRTHPLACE (City or Town) (State or Country) England
16 MAIDEN NAME Eliya Dixon
17 BIRTHPLACE (City or Town) (State or Country) England
18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's name John Duggleby
Address Redfield N.Y.

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 112
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
(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? While at work?
(e) Means of injury

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
Redfield N.Y. Sept 3, 1944
20 UNDERTAKER OR PERSON IN CHARGE (Signature) Ruth O. Gordon
ADDRESS Camden N.Y.
UNDERTAKER'S License No. 1295
21 Date received Sept 1, 1944
Signature of Registrar or Subregistrar Ruth O. Gordon

25 Signature D. W. Allison M.D.
Address Camden N.Y. Date 9-1-44

Burial or Transit Permit issued by Ruth O. Gordon Date of issue Sept 1 - 1944



DURATION OF CONDITION	
Yrs.	Max. (Dys.)
PHYSICIAN Underline the cause to which death should be charged.	