

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORK

25490

Age 63
City Yonkers (No. 747 Abscond) Registered No. 845
St. 15 Ward 15

3 FULL NAME Jacob S. Gault
(18a) Residence No. 747 Abscond St. 15 Ward 15
Length of residence in city or town where death occurred 40 yrs. mo. da. How long in U. S., if of foreign birth? yrs. mo. da.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6 IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF Mayme Cohen Gault OR WIFE OF
7 DATE OF BIRTH Oct 24, 1860
8 AGE Years 63 Months 5 Days 16 If LESS than 1 day, how many hrs. or min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) AI
(c) Name of employer

10 BIRTHPLACE (City or Town) Wheatsport (State or Country)
11 NAME OF FATHER Jacob P. Gault
12 BIRTHPLACE OF FATHER (City or Town) Wheatsport, N.Y. (State or Country)
13 MAIDEN NAME OF MOTHER Hannah Waterman
14 BIRTHPLACE OF MOTHER (City or Town) Wheatsport (State or Country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marion S. Gault (Address) Cisco, N.Y.

16 Filed AFR 12 1923 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 10th, 1923
17 I HEREBY CERTIFY, That I attended deceased from March 7th, 1923, to April 9th, 1923, that I last saw him alive on April 9th, 1923, and that death occurred on the date stated above, at 12:00 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma inferior maxillary
Unknown (Duration) yrs. mo. da. 434

CONTRIBUTORY (occasional) (Duration) yrs. mo. da.

18a Where was disease contracted, if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signe.) P. C. Engelhardt M. D.
Apr 10th, 1923 (Address) 1618 Park St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wheatsport, N.Y. DATE OF BURIAL Apr 11 1923
20 UNDERTAKER P. J. Gault ADDRESS 1618 Park St.

Burial or Transit Permit issued by [Signature] Date of issue [Signature]
See Instructions on Other Side