

New York State Department of Health

DIVISION OF VITAL STATISTICS

136597

CERTIFICATE OF DEATH

Registered No. 19

No. 1313
to be inserted by registrar

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Dutchess</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE <u>New York</u> b. COUNTY <u>Columbia</u>			
b. TOWN <u>Amenia</u>				c. TOWN			
c. CITY OR VILLAGE <u>Wassaic</u>				d. CITY OR VILLAGE <u>New York</u> Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
d. NAME OF (If not in hospital or institution, give street address of residence) HOSPITAL OR INSTITUTION <u>Wassaic State School</u>				e. STREET ADDRESS <u>UNKNOWN</u> Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <u>Jacob</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>March 22nd 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, DIVORCED, WIDOWED, <u>Single</u>		8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Livingston</u>	
9. DATE OF BIRTH <u>Jan 1st 1886</u>		10. AGE Years <u>63</u> Months <u>2</u> Days <u>21</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>Russia</u>	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, was it retired) <u>none</u>				13b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			
14. FATHER'S NAME <u>AYRON Livingstone</u>				15. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				17. SOCIAL SECURITY <u>none</u> NO.		18. IMPORTANT PERSONS ADDRESS <u>State School Wassaic N.Y.</u>	

19. MEDICAL CERTIFICATION OF CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
ANTECEDENT CAUSES Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last.		DUPLICATE TO	
(a) <u>Acute cardiac dilatation</u>		DUPLICATE TO	
(b) <u>Chronic myocarditis and myocardial degeneration</u>		DUPLICATE TO	
(c) <u>Generalized Arterio sclerosis</u>		DUPLICATE TO	
II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>Mental deficiency - contributory</u>		93.4	
19a. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (E.g., in or about home, farm, factory, street, other bldg., etc.)	
21c. TIME (Month) (Day) (Year) (Hour) OF INJURY		21d. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21e. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from March 24th, 1949, to March 27th, 1949, that I last saw the deceased alive on March 24th, 1949, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

22. SIGNATURE <u>J. G. Gilmore, M.D.</u> (Degree or title)		23. ADDRESS <u>Wassaic New York</u>		24. DATE SIGNED <u>March 27/49</u>	
25. PLACE OF BURIAL, CREMATION OR REMOVAL <u>P.S.D. Cem. Wassaic N.Y.</u>		26. DATE OF BURIAL <u>3-22-49</u>		27. UNDERTAKER'S SIGNATURE <u>P. S. Weaman</u> LICENSE NO. <u>Amended Director</u>	
28. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE <u>7-22-49</u>		29. UNDERTAKER'S ADDRESS <u>Wassaic N.Y.</u>		30. PERMIT ISSUED BY <u>Dr. J. G. Gilmore</u> Date of issue <u>3-22-49</u>	