

02381

STATE OF NEW YORK DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

700
333

DECEASED - NAME: **Colonel Lester Snover** SEX: **male** DATE OF DEATH (MONTH, DAY, YEAR): **April 30, 1969**

RACE: **white** MA. AGE - LAST BIRTH DAY (YR): **73** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** DATE OF BIRTH (MONTH, DAY, YEAR): **May 16, 1895** COUNTY OF DEATH: **Chemung**

CITY, TOWN OR VILLAGE OF DEATH: **Elmira** LENGTH OF STAY: **70 years** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.): **Parrot Ogden Memorial Hospital**

PLACES OF BIRTH (IF NOT IN U.S.A., NAME): **Pennsylvania** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **married** SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME): **Jennie L. Collins** SOCIAL SECURITY NO. - DECEASED: **071-09-0766**

DECEASED'S OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVER IF RETIRED): **tile setter** KIND OF BUSINESS OR INDUSTRY: **paint & tile store** RESIDENCE - STATE: **New York**

COUNTY: **Chemung** TOWN: **Elmira** INSIDE CORPORATE LIMITS (SPECIFY YES OR NO): **yes** STREET AND NUMBER: **269 Lorraine St.**

FATHER - NAME: **Colonel Fremont Snover** MOTHER - MARRIAGE NAME: **Nettie Kitron**

DECEASED'S MARRIAGE: **Mar. Jennie L. Snover** MAILING ADDRESS (STREET OR R.F.D., CITY OR TOWN, STATE, ZIP): **269 Lorraine St., Elmira, N.Y. 14904**

DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Arterio sclerotic Heart Disease** APPROXIMATE INTERVAL BETWEEN ONSET & DEATH: **1 month**

(b) **Pulmonary Emphysema**

(c) **412.3**

OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) **No** (b) **No** (c) **No**

INJURY AT WORK (SPECIFY YES OR NO): **No** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): **NY STATE DEPT.**

DATE OF INJURY (MO., DAY, YR.): **Mar 13, 1964** HOUR: **4:30 P.M.** NATURE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 15): **STRIKED BY FALLING OBJECT**

CERTIFICATION - PHYSICIAN: (THE PHYSICIAN NAMED BELOW ATTENDED THE DECEASED FROM DATE OF DEATH TO DATE OF CERTIFICATION) **John C. Roomer, M.D.** DATE AND LAST SAW HIM/LIVE: **APR 11, 1969** STATE: **NY**

CERTIFICATION - MEDICAL EXAMINER OR CORONER: ON THE BASIS OF EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. **John Chammatt, M.D.** HR. OF DEATH: **9:30 P.M.** DEGREE OR TITLE: **MD** DATE SIGNATURE WAS PRONOUNCED: **APR 30 1969**

BURIAL, CREMATION, OR REMOVAL (SPECIFY): **burial** PLACE OF BURIAL, CREMATION, OR REMOVAL: **Woodlawn Cemetery** LOCATION: **Elmira, N.Y.**

REGISTRAR - NAME (TYPE OR PRINT): **John C. Roomer, M.D.** SIGNATURE: **John Chammatt, M.D.** DATE SIGNED (MO., DAY, YR.): **May 2, 1969**

DATE: **5/5/69** FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **James D. Bennett's Funeral Home, Inc., 1004 Lake St., Elmira, N.Y. 14901** REGISTRATION NO.: **D-0112**

FUNERAL DIRECTOR - SIGNATURE: **Charles E. Holmes** REGISTRATION NO. - FUNERAL DIRECTOR: **001705** REGISTRAR - SIGNATURE: **Dorothy C. Simoncelli, Reg.**

DATE FILED BY LOCAL REGISTRAR (MO., DAY, YR.): **May 2, 1969** SOCIAL PERMIT - ISSUED BY: **Dorothy C. Simoncelli, Reg.** DATE OF ISSUE (MONTH, DAY, YEAR): **5-2-69**