

1 PLACE OF DEATH (District No. 1401)

New York State Department of Health
DIVISION OF VITAL STATISTICS

Local Reg. No. 2205

COUNTY OF ERIE

CERTIFICATE OF DEATH

CITY OF BUFFALO

(No. 500 Wyoming)

St. 16 Ward

FULL NAME

William E. Hunter

Residence No.

500 Wyoming

St. 16 Ward

(Usual place of abode)

Years Months Days

43 9 2

(If nonresident, give city or town and state)

Years Months Days

4 Length of residence in district where death occurred

5 How long in U. S. if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

6 SEX

Male

7 COLOR OR RACE

White

8 SINGLE, MARRIED, WIDOWED,

MARRIED (Of the last word)

9a DATE OF DEATH

(month, day and year)

April 10

1934

9b IF MARRIED, WIDOWED OR DIVORCED

(OR) WIFE OF Emily Schaeffer

10 I HEREBY CERTIFY, That I attended deceased from

March 20, 1934, to April 10, 1934

9 DATE OF BIRTH (month, day and year)

July 28th, 1886

I last saw him alive on April 9, 1934
To the best of my knowledge, death occurred on the date stated above, at 1 A. M.

10 AGE

Years

Months

Days

If 1 year then 1

day or less

or less

11 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mechanist

12 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Killogg's Breads, Little Breads, Mich.

13 Date deceased last worked at this occupation (month and year)

April 1, 1934

14 Total time (years) spent in this occupation

4 years

CAUSE OF DEATH

535
Euthanasia & Plaster (venous)

CONTRIBUTORY CAUSES

(a) metastatic to aortic & sigmoid

(b) glaucoma

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

(l)

(m)

(n)

(o)

(p)

(q)

(r)

(s)

(t)

(u)

(v)

(w)

(x)

(y)

(z)

15 BIRTHPLACE (City or Town) Buffalo, N.Y.
(State or Country)

16 NAME Charles A. Hunter

17 BIRTHPLACE (City or Town) Canada
(State or Country)18 M AIDEN NAME Isabel Cherry
Philadelphia,19 BIRTHPLACE (City or Town) Pennsylvania
(State or Country)

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature of Informant) Victor Bengart

(Address) 500 Wyoming St.

21 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Ridge Lawn Cemetery

April 12, 1934

22 UNDERTAKER (Name and Address)

ADDRESS, Delivery

Victor Bengart

Buffalo, N.Y.

Victor Bengart

Victor Bengart

Victor Bengart

Victor Bengart

Victor Bengart

Victor Bengart

Victor Bengart

Victor Bengart

26 Where and when contracted or injury sustained? Battle Creek, Mich.

27 Name of operation, if any? None

Conditions for which performed

Organ or part affected

28 What laboratory test and/or diagnosis? No use of spec.

29 Was there an autopsy? No

(Signed) Victor Bengart

April 11, 1934 (Address) 110 1/2 Main St.

*See reverse side for instructions

Permit issued by Victor Bengart, Date of issue

CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH