

CONNECTICUT STATE DEPT. OF HEALTH

DECEASED — NAME				FIRST	MIDDLE	LAST	SEX	STATE FILE NUMBER				
1. <u>Harry Seymour Courtney</u>				2. <u>M</u>								
DATE OF BIRTH (MONTH, DAY, YEAR)		RACE — WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE — LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		DATE OF DEATH (MONTH, DAY, YEAR)				
3. <u>Nov. 19, 1898</u>		4. <u>W</u>		5a. <u>56</u>		5b. <u> </u> <u> </u>		5c. <u> </u> <u> </u>		6. <u>Dec. 11, 1954</u>		
7a. <u>New London</u>		7b. <u>Lyme</u>		7c. <u>Mt. Archer</u>								
7d. <u>Ashville, N.C.</u>				7e. <u>U.S.</u>		7f. <u>married</u>		7g. <u>Dorothy Willett</u>				
8a. <u> </u>		8b. <u> </u>		8c. <u> </u>		8d. <u> </u>		8e. <u> </u>		8f. <u> </u>		
9a. <u> </u>		9b. <u> </u>		9c. <u> </u>		9d. <u> </u>		9e. <u> </u>		9f. <u> </u>		
10a. <u> </u>		10b. <u> </u>		10c. <u> </u>		10d. <u> </u>		10e. <u> </u>		10f. <u> </u>		
11. <u>Conn.</u>		12a. <u>New London</u>		12b. <u>Lyme</u>		12c. <u> </u>		12d. <u>McIntosh Road</u>				
13a. <u> </u>		13b. <u> </u>		13c. <u> </u>		13d. <u> </u>		13e. <u> </u>		13f. <u> </u>		
14a. <u> </u>		14b. <u> </u>		14c. <u> </u>		14d. <u> </u>		14e. <u> </u>		14f. <u> </u>		
FATHER — NAME				FIRST	MIDDLE	LAST	MOTHER — MAIDEN NAME					
15. <u>Horatio Courtney</u>				16. <u>Marcia Ogg</u>								
17a. <u>Mrs. Dorothy Courtney</u>				17b. <u>Lyme, Conn.</u>								
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE												
(a)		DUE TO, OR AS A CONSEQUENCE OF:										
(b)		<u>coronary thrombosis</u>								<u>1 hour</u>		
(c)		<u>rheumatic heart disease</u>								<u>several years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)										AUTOPSY (YES OR NO)		
<u>auricular fibrillation</u>										<u>no</u>		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED		ENTER NATURE OF INJURY PART I OR PART II, ITEM 18		INJURY AT WORK (SPECIFY YES OR NO)		
20a. <u> </u>		20b. <u> </u>		20c. <u> </u>		20d. <u> </u>		20e. <u> </u>		20f. <u> </u>		
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 13 (Name of operation) (Date performed)						
21a. <u> </u>		21b. <u> </u>				21c. <u> </u>						
CERTIFICATION — PHYSICIAN:		MONTH: DAY YEAR		TO MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		DEATH OCCURRED (HOUR)		ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, CAUSE OF THE CAUSE(S) STATED.		
21a. <u> </u>		21b. <u>Dec. 11, 1954</u>		21c. <u>Dec. 11, 1954</u>		21d. <u>Dec 11, 1954</u>		21e. <u>12:20P</u>		21f. <u> </u>		
CERTIFICATION — MEDICAL EXAMINER:		IN MY OPINION, ON THE DATE AND HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR								
22a. <u> </u>		22b. <u> </u>		22c. <u> </u>		22d. <u> </u>		22e. <u> </u>		22f. <u> </u>		
CERTIFIER — NAME (TYPE OR PRINT)				SIGNATURE				DEGREE OR TITLE				
23a. <u> </u>				23b. <u>Julian G. Ely, M.D.</u>				23c. <u> </u>				
MAILING ADDRESS — CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u> </u>		23b. <u>Lyme, Conn.</u>		23c. <u> </u>		23d. <u> </u>		23e. <u> </u>		23f. <u>12-11-54</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY — NAME				LOCATION CITY OR TOWN STATE						
24a. <u>cremation</u>		24b. <u>Springfield, Mass.</u>				24c. <u> </u>						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME — NAME AND ADDRESS (STREET OR S.F.D. NO., CITY OR TOWN, STATE, ZIP)										
24d. <u>12/15/54</u>		24e. <u>Jewett Funeral Service</u>										
FUNERAL DIRECTOR OR EMBALMER — SIGNATURE				NAME OF EMBALMER IF BODY WAS EMBALMED				LICENSE NUMBER				
24a. <u>Hamilton C. Jewett</u>				24b. <u> </u>				24c. <u> </u>				
THIS CERTIFICATE RECEIVED FOR RECORD ON BY				REGISTRAR								
27a. <u>Dec. 14, 1954</u>				27b. <u>M.F. Brevillier</u>				27c. <u> </u>				
I certify that this is a true transcript of the information on the death record as recorded in this office.												
DATED		TOWN OF				SIGNATURE (Registrar of Vital Statistics)						
28a. <u>May 2, 1980</u>		28b. <u>LYME</u>				28c. <u>Louise W. Russell</u>						

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

