

**NEW YORK STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2885

PLACE OF DEATH

County Hudson
Township Cortland
City University (No. 7400)

Registration District No. 1160
Primary Registration District No. 4470

File No. 2885
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Rosemari Robertson
(a) Residence. No. 7400 University Dr St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gilbert Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York

10. NAME OF FATHER Henry Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Harriet Newell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14.

INFORMANT E. J. Robertson
(Address) 7400 University Drive

15.

FILED 1-10, 1931 Lena V. Moeller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1930, to Jan. 9, 1931, that I last saw him alive on Jan. 5, 1931, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

initial heart disease (Stenosis)
92A
168 (duration) (?) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) [Signature] M. D.

1-10, 1931 (Address) 607 N. Grand St

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Paltz Jan 12 1931

20. UNDERTAKER

ADDRESS

A. Nelson & Co (2107 N Grand)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 2 1931

