

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

23001

60096
1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 1800
Township _____ Primary Registration District No. 087 Registered No. 1800
or Village Columbus No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
2 FULL NAME Arthur Bremer Did Deceased Serve in _____
U. S. Navy or Army _____
(a) Residence. No. _____ St., _____ Ward N.Y.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>		
7. AGE Years <u>33</u>	Months _____	Days _____ If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XXXX</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (city or town) (State or country) <u>N.Y. City</u>		
MOTHER	13. NAME _____	
	14. BIRTHPLACE (city or town) (State or country) _____	
	15. MAIDEN NAME _____	
	16. BIRTHPLACE (city or town) (State or country) _____	
17. INFORMANT The Signature of <u>Bridget Bremer</u> and (Address) <u>160 W 14th St - N.Y. City</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>New York N.Y.</u> Date <u>4-24-30</u>		
19. UNDERTAKER (Address) <u>Mrs. Bridget Bremer</u> <u>160 W. 17th, New York</u>		
19a. Was body embalmed? <u>yes</u> Embalmer's No. <u>2492 N.Y.</u>		
20. FILED <u>4/24, 1930</u> Registrar. <u>Joseph A. Murphy</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21, 1930

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Conflogation of CP Date of onset _____

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Joseph A. Murphy M. D.
(Address) 1450 2nd Avenue