

PLACE OF DEATH

STATE OF NEW YORK

CERTIFICATE OF DEATH

City Brooklyn

Full Name James Finck (If death occurred in a hospital or institution, give the NAME instead of street and number.)

MAR 5 1920

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White Single, Married, Widowed or Divorced Married

DATE OF DEATH (Month, day and year) Feb 14 1920

Married, widowed or divorced Married HUSBAND of Fannie Finck

I HEREBY CERTIFY, that I attended deceased from July 1919 to Feb 14 1920 and that I last saw him alive on Feb 14 1920 and that death occurred on the date stated above at 19 M.

DATE OF BIRTH (Month, day and year) 1859 Ed. 24

THE CAUSE OF DEATH was as follows:

AGE Years Months Days 60 3 21

Heart liquefaction 79

OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which engaged (or employed) (c) Name of employer

CONTRIBUTORY (Cause?) Prothrombin defect

BIRTHPLACE (city or town) (State or country) New York

Was there any disease contracted? If not at place of death?

NAME OF FATHER Abraham Finck

Was an operation performed? No Date of     

BIRTHPLACE OF FATHER (city or town) (State or country) New York

Was there an autopsy? No

NAME OF MOTHER Margaret Finck

What had occurred Prothrombin defect

BIRTHPLACE OF MOTHER (city or town) (State or country) New York

What had occurred Prothrombin defect

NAME OF SPOUSE Fannie Finck

PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Date of burial Feb 18

Address Brooklyn Rts 2

Signature S. Finck