

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

County Cambria

Village _____

City _____

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

2. FULL NAME Margery D. White

(a) Residence No. _____ St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. In New York in U. S. If of foreign birth? yrs. mos. dn.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
4 Color or Race White
5 Single, Married, Widowed or Divorced (Write the word) Single

6a If married, widowed, or divorced, name of last wife or _____

7 DATE OF BIRTH (Month, day and year) Nov. 21st 1902

AGE	Years	Months	Days	10 LAST DAY
	<u>17</u>	<u>7</u>	<u>21</u>	<u>1 Aug. 1919</u>

OCCUPATION OF DECEASED

(a) Trade, profession, or occupation last of death Student
(b) General nature of business, profession, or occupation in which engaged (or engaged)
(c) Name of employer

8 RESIDENCE City or town Ballston Spa
(State or county) Delaware

9 NAME OF DECEASED Margery D. White

10 BIRTHPLACE OF DECEASED City or town Canton
(State or county) Delaware

11 MARRIED NAME Margery D. White

12 RESIDENCE City or town Cambria
(State or county) Delaware

13 Name Margery D. White

14 Date July 12 1919

NECROLOGICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month, day and year) July 12 1919

16 I HEREBY CERTIFY, that I attended deceased from THURSDAY, JULY 10, 1919 until I last saw him, after which July 12, 1919 and that death occurred on the day stated above at Ballston Spa.
THE CAUSE OF DEATH was as follows:

Diphtheria Mellitica

(Signature) [Signature]

17 (Signature) _____

18 Where was death announced at place of death

19 Was an epidemic present death of _____
Was there an autopsy? No

20 What has contained the body Barber's Undertaking Parlor
Box 15 Beard, N. Y.

21 Name of person in charge P. J. Beard

22 Name of person in charge P. J. Beard

23 Name of person in charge [Signature]

24 Name of person in charge [Signature]