

LOCAL FILE NUMBER

200

VERMONT DEPARTMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

84-002793

DECEASED—NAME 1 George A. Ely Sr			SEX 2 M	DATE OF DEATH (Month Day Year) 3 AUG 5-84		
RACE—(White, Black, American Indian, ETC (Specify)) 4 White		AGE LAST BIRTH DAY (Year) 5A 77	UNDER 1 YEAR MOS 5B	UNDER 1 DAY HOURS 5C	DATE OF BIRTH (Month Day Year) 6 3-6-07	COUNTY OF DEATH 7A BENNINGTON
CITY, TOWN OF DEATH 7B BENNINGTON		HOSPITAL OR OTHER INSTITUTION (If not in either, give name and Number) 7C PUTNAM MEMORIAL			IF HOSPITAL or INSTITUTION <input checked="" type="checkbox"/> Inpat <input type="checkbox"/> ER <input type="checkbox"/> 7D	
STATE OF BIRTH (If not in U.S.A. name country) 8 VERMONT		CITIZEN OF WHAT COUNTRY? 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 PHYLLIS CANTELO	
SOCIAL SECURITY NO 12 706050119		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13A B&M RAILROAD		BUSINESS OR INDUSTRY 13B RETIRED		VETERAN? (If so, what war?) 14 No
ACTUAL RESIDENCE 15A N.Y.	STATE N.Y.	COUNTY 15B RENSSELAER	CITY, TOWN 15C HOOSICK	MAILING ADDRESS, INC ZIP 15D Box 118 Hoosick NY		
FATHER—NAME 16 George Ely			MOTHER—MAIDEN NAME 17 MINNIE MYERS			
INFORMANT—NAME 18A PHYLLIS ELY			MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip Code) 18B Box 118 Hoosick N.Y.			
PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B), and (C))						
19 IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) Respiratory Arrest						5 min
DUE TO, OR AS A CONSEQUENCE OF						
(B) Bowel Obstruction						1 mo
DUE TO, OR AS A CONSEQUENCE OF						
(C) Urethral Cancer						1 yr
PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I (A))				HOSPITALIZED IN LAST 6 MONTHS? 19D <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SURGERY IN LAST 6 MONTHS? 19E <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 20B <input type="checkbox"/> YES <input type="checkbox"/> NO	
21A <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet. <input type="checkbox"/> Pending		DATE OF INJURY (Month, Day, Year) 21B	HOUR 21C	HOW DID INJURY OCCUR (Enter nature of injury in Part I or Part II) 21D		
INJURY AT WORK (Specify Yes or No) 21E		PLACE OF INJURY (At Home, Farm, Factory, Street, Office Bldg, etc (Specify)) 21F	LOCATION (Street, or R.F.D. No., City or Town, State) 21G			
TO THE BEST OF MY KNOWLEDGE, ON THE BASIS OF THE CASE HISTORY, EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO CAUSE(S) STATED				<input type="checkbox"/> Staff phys. <input checked="" type="checkbox"/> Attend phys. <input type="checkbox"/> Pathologist <input type="checkbox"/> Med Examiner	DATE SIGNED (Mo., Day, Yr.) 23A 8-7-84	HOUR OF DEATH 23B 4:15 PM
22A (Signature) Nancy Seaberged MD				23C 8-5-84 4:15		
NAME & ADDRESS OF CERTIFIER (Type or Print) 22B Nancy Seaberged MD 140 Hospital Dr Bennington VT 05201				NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 24 Edd Lyon, MD		
BURIAL, CREMATION, REMOVAL (Specify) 25A BURIAL		CEMETERY OR CREMATORY—Name 25B HOOSICK		LOCATION (City or Town, State) 25C HOOSICK N.Y.		
DATE (Month, Day, Year) 25D AUG 8-84		FUNERAL HOME—Name (Street or R.F.D. No., City or Town, State, Zip Code) 26A MAHAR FUNERAL HOME HOOSICK FALLS NY 12090				
FUNERAL DIRECTOR—Signature 26B Charles E. Mahan		REGISTRAR—Signature 27A Mary Hodeck		DATE RECEIVED—By local registrar (Month, Day, Year) 27B August 7, 1984		
TRUE COPY ATTEST 28A Mary Hodeck		TOWN OF 28B BENNINGTON		DATE (Month, Day, Year) 28C AUG 31 1984		

CONDITIONS, IF ANY, GIVING RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

BE SIGNED BY REGISTRAR ON COPY ONLY