

C627268

DISTRICT No. 5400

REGISTRATION No. 1130

REGISTRAR OF VITAL STATISTICS  
COUNTY OF TOMPKINS  
1287 TRUMANSBURG ROAD  
ITHACA, NEW YORK 14850

# TRANSCRIPT CERTIFICATE OF DEATH

1. Place of death ..... Ithaca, New York
2. Usual residence ..... \*\*\*
3. Full name of deceased ..... Matilda A. Whittock
4. Date of death ..... May 17, 1889<sup>d</sup>
5. Sex ..... Female. 6. Color or Race ..... \*\*\* 7. Marital status ..... Married
8. Husband or wife of ..... \*\*\*
9. Date of birth ..... mo. .... day ..... yr. 10. Age ..... 38 ..... yrs. .... mos. .... days
11. Birthplace ..... United States 13. Occupation ..... \*\*\*
14. Father's Name ..... Theron Eggleston
15. Mother's Maiden Name ..... Rhoda \*\*\*  
YES NO UNKNOWN
16. Was deceased ever in U. S. Armed Forces?    War or dates of Service ..... N/A
17. Social Security No. .... \*\*\*
18. Name and Address of Informant ..... \*\*\*
19. Cause of Death ..... overdose of opium
24. Certified to by ..... D. White, M.D., as attending physician, health officer, coroner
25. Place of Burial ..... \*\*\*\* Date of Burial ..... \*\*
26. Undertaker ..... \*\*\*

WAT  
WJH

**I Hereby Certify;**

that I have compared the foregoing transcript with the original record as entered in the death register filed in this office, and that the said transcript is a true and faithful copy thereof.

( Official Seal )

**In Witness Whereof,** I have hereunto affixed my signature and the official Corporate Seal of the County of Tompkins this 4 day of May, 19 81

*Rita B. King*  
Registrar, Deputy Registrar.

\*\*\* unknown  
N/A not applicable