

REGISTRAR J. E. Matthews 0-27-, 1932 (Address) Ithaca, N.Y. CERT 269

PERMIT ISSUED BY J. E. Matthews DATE OF ISSUE Aug 27, 1932

No. 715 North Tigua Registered No. 205
 (If death occurred in a hospital or institution, give its NAME instead of street and number) ST. 5th WARD NEB58

Full name Edson Whitlock
 Residence no. 715 N. Tigua St., 5th Ward NEB58
 (Usual place of abode)

Length of residence in city or town where death occurred: Years 80 Months - Days - (If nonresident, give city or town and state)
 How long in U. S., if of foreign birth? Year - Months - Days -

PERSONAL AND STATISTICAL PARTICULARS

6 SEX Male 7 COLOR OR RACE White 8 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

9 IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. White

10 DATE OF BIRTH (month, day, year) Mar 15, 1851
 Years 81 Months 5 Days 11 If LESS than 1 day, _____ hrs. or _____ min.

11 Trade, profession, or particular kind of work done as spinner, lawyer, bookkeeper, etc. Florist

12 Industry or business in which work was done, as silk mill, sawmill, bank, etc.

13 Date deceased last worked at this occupation (month and year) 1915 14 Total time (years) spent in this occupation 50

15 BIRTHPLACE (City or Town) (State or Country) Ithaca, N.Y.

16 NAME Jesse Whitlock

17 BIRTHPLACE (City or Town) (State or Country) Tompkins Co. N.Y.

18 MAIDEN NAME Mary Pew

19 BIRTHPLACE (City or Town) (State or Country) Ithaca, N.Y.

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 Signature of Informant Mrs. Frank Burd
 (Address) Ithaca, N.Y.

21 PLACE OF BURIAL, CREMATION, OR REMOVAL East Lawn DATE OF BURIAL 8-28-1932

22 UNDERTAKER (License No.) W. D. Gilbert ADDRESS Ithaca
 Signature Jane C. Lynch REGISTRAR
 No. 8-26-, 1932

23 PERMIT ISSUED BY R. L. Lamphier DATE OF ISSUE Aug. 26, 1932

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day, and year) August 26, 1932

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

I last saw him alive on _____, 1932
 To the best of my knowledge, death occurred on the date stated above, at 4 A. m.

CAUSE OF DEATH
Bronchitis

CONTRIBUTORY CAUSES
 (a) _____
 (b) _____
 (c) _____
 (d) _____

26 Where was disease contracted, or injury sustained? No

27 Name of operation, if any _____ Date _____
 Condition for which performed _____
 Organ or part affected _____

28 What laboratory test assisted diagnosis? None

29 Was there an autopsy? No
 (Signed) B. F. Johnston M. D.
8-26-, 1932 (Address) Ithaca, N.Y.

Seal
 COPY OF ORIGINAL
 Register of Vital Records
 Tompkins County, Ithaca, N. Y.
 1932