

Register of Deaths

Town in the Village of Utica, County of Tompkins, State of New York

Oct 27 1920

(No. 334 So Geneva ST.; 241 WARD) REGISTERED NO. 241
(If death occurred in a hospital or institution, give its NAME instead of street and number)

*FULL NAME Whitlock, Mary M.

(18a) RESIDENCE NO. 334 So Geneva ST., 241 WARD.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

* SEX Female * COLOR OR RACE White * SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

10 DATE OF DEATH Oct 26, 1920
(Month) (Day) (Year)

* IF MARRIED, WIDOWED OR DIVORCED Husband of Edson Whitlock (or) Wife of.

11 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept 1, 1920, TO Oct 26, 1920,

* DATE OF BIRTH May 29, 1852
(Month) (Day) (Year)

THAT I LAST SAW H. en ALIVE ON Oct 26, 1920 AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE, AT

* AGE 68 yrs. 4 mos. 27 ds. If LESS than 1 day, how many..... hrs. or.....min.?

7:45 P. M. THE CAUSE OF DEATH* WAS AS FOLLOWS:

OCCUPATION Housework
(Trade, profession, or occupation, or kind of work) (General nature of industry, business, or establishment in which employed (of employer)) (Name of employer)

Diabetes, Exhaustion

BIRTHPLACE (City or Town) Elmira, New York
(State or Country)

(DURATION) 3 YRS. 0 MOS. 0 DS.

10 NAME OF FATHER Henry White

CONTRIBUTORY (Secondary)..... (DURATION)..... YRS. MOS. DS.

11 BIRTHPLACE OF FATHER (City or Town) New York
(State or Country)

12 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

12 MAIDEN NAME OF MOTHER Susan Becker

DID AN OPERATION PRECEDE DEATH? No DATE OF..... WAS THERE AN AUTOPSY? No

BIRTHPLACE OF MOTHER (City or Town) New York
(State or Country)

WHAT TEST CONFIRMED DIAGNOSIS? (SIGNED) M. A. Sumner M. D.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Fred Whitlock
(Address) Utica, New York

Oct 27, 1920 (ADDRESS) Utica

15 Filed Oct 27, 1920 Jane P. Lynch Registrar

*STATE THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

BURIAL OR TRANSIT PERMIT ISSUED BY Jane P. Lynch

19 PLACE OF BURIAL, CREMATION OR REMOVAL East Lawn 20 DATE OF BURIAL Oct 29, 1920

20 UNDERTAKER H. W. Gilbert ADDRESS Utica

DATE OF ISSUE Oct 27, 1920

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