

City of Syracuse, County of Onondaga, State of New York

Registered No. 1000

(No. 107, Alexander Ave St.; 18 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME Augustus Smith

(18a) Residence No. 107 Alexander Ave St., 18 Ward. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

5a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Reffers

6 DATE OF BIRTH Aug 3, 1890 (Month) (Day) (Year)

7 AGE Years 56 Months 8 Days 12 If LESS than 1 day, how many hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Printer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9 BIRTHPLACE (City or Town) Newark N.J. (State or Country)

10 NAME OF FATHER Conrad Smith

11 BIRTHPLACE (City or Town) OF FATHER Brooklyn NY (State or Country)

12 MAIDEN NAME OF MOTHER Sarah J.

13 BIRTHPLACE (City or Town) OF MOTHER Brooklyn NY (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Edith Smith (Address) 107 Alexander Ave

15 Filed May 17, 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15, 1927 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1927, to May 15, 1927, that I last saw him alive on 22nd, 1927, and that death occurred on the date stated above, at 90 M. The CAUSE OF DEATH * was as follows:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Cachexia Dilatation (Duration) 6 yrs. 6 mos. 6 ds.

(Duration) 1 yrs. 1 mos. 12 ds.

18b Where was disease contracted, or injury sustained, if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. R. McFarland, M.D.

May 16, 1927 (Address) 104 E Colon St

*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

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cem. 21 DATE OF BURIAL May 18, 1927

20 UNDERTAKER (License No.) L L Tucker ADDRESS Liverpool NY

Burial or Transit } Permit issued by Date of Issue May 17 1927