Registered No. 44

(No. Lewis Nursing Home St. Ward)

(If a hospital or institution, give its NAME instead of street and number) c. [illegible]

1 Length of stay in hospital or institution ___ yrs. ___ mos. ___ ds. Town, village or city ___ yrs. ___ mos. ___ ds.

2 Usual residence of deceased: State New York County Cortland Town ___ City or Village Cortland

No. 16 Groton St. Is residence within limits of city or incorporated village? Yes

2a Citizen of foreign country (alien)? ___ (Yes or no) If yes, name country ___

3 Full name Ada K. Ashley

4 (a) Social Security No. ___ (b) If Veteran, Name War ___

5 Sex Fem. 6 COLOR OR RACE Wh. 7 Single, Married, Widowed, or Divorced (Write the word) Widowed

8 IF MARRIED (WIDOWED OR DIVORCED) Name of Husband (or) Wife Frank B. Ashley Age if alive ___ years

9 DATE OF BIRTH (month, day, year) June 17-1856

10 AGE Years 90 Months 5 Days 20 IF LESS than 1 day ___ hrs. or ___ min.

11 Usual occupation Housewife

12 Industry or business ?

13 BIRTHPLACE (City or Town) (State or Country) Binghamton N.Y.

FATHER 14 NAME Alonzo Hallis

15 BIRTHPLACE (City or Town) (State or Country) Maryland

MOTHER 16 MAIDEN NAME Lucy Cortland

17 BIRTHPLACE (City or Town) (State or Country) Unknown

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own signature Logan Quell Ashley

Address 96 Floral Place Utica N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cortland N.Y. DATE OF BURIAL Feb 10 1947

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Leon Van Gaskirk

Address 9 Lafayette Cortland

UNDERTAKER'S License No. 9763

21 Date received Feb 9 1947 Signature of Registrar or Subregistrar R. V. Bellinger

Burial or Transit Permit issued by R. V. Bellinger Date of issue 2-9-47

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) February 7-1947

23 I HEREBY CERTIFY, That I attended deceased from 4 June 1946, to 7 Feb 1947

I last saw h___ alive on ___

To the best of my knowledge, death occurred on the date stated above, at 3:25 p.m.

Immediate cause of death Cerebrovascular gastritis

Due to Chronic cholecystitis

Due to Chronic lupus

Due to ___

Other conditions (Include pregnancy within 3 months of death) Art. sclerosis

Major findings: Of operations ___ Date ___

Of autopsy ___

What laboratory test was made? ___

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) ___

(b) Date of occurrence ___

(c) Where did injury occur? ___ (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ___ (Specify type of place) While at work? ___

(e) Means of injury ___

25 Signature Leonard J. Hyzang M.D.

Address Cortland N.Y. Date 8 Feb 1947

DURATION OF CONDITION	Yrs.	Mos.	Drs.
			10
	5		
	5		
	12		

PHYSICIAN Describe the cause (s) which death should be charged.

DISTRICT NO. 1101—CORTLAND, N.Y.
THIS IS TO CERTIFY that the above document is a true and correct record on file in the City Clerk's Office, City of Cortland, N.Y.

Date: 7 1990 (City Clerk)
(Date)