

CERTIFICATE OF DEATH

NEW YORK CITY
DEPARTMENT OF HEALTH.

Certificate No.

156-97-05994

1. NAME OF
DECEASED
(Type or Print)

Margaret
(First Name)

Mary
(Middle Name)

Goodchild
(Last Name)

DEC 22 ED 6 04 AM '97

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH <u>MANHATTAN</u>	2b. Name of hospital or other facility if not facility, street address <u>155 West 106 Street #4B</u>	2c. If in Hospital or Other Facility 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year
DATE AND HOUR OF DEATH R FOUND DEAD	3a. (Month) (Day) (Year) <u>December 20 1997</u>	3b. HOUR <u>4:20</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. SEX <u>FEMALE</u>
DEATH WAS CAUSED BY: Enter only one cause per line				5. APPROXIMATE AGE <u>62 YEARS</u>
PART 1 a. Immediate cause <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u>
b. Due to or as a consequence of				
c. Due to or as a consequence of				
PART 2 d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1 <u>DIABETES</u>				
PERMITS: DATE (Month) (Day) (Year)	7b. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	7c. AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7d. PLACE OF INJURY - At home, farm, street, etc.	
7e. LOCATION				

E. Case No. <u>97-7033</u>		12a. Date Pronounced Dead (Month, Day, Year) (If different from 3a)	12b. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	CERTIFIER NAME (Print) <u>BK Ballinger</u> (Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)
9. Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Autopsy Pursuant to Law <input checked="" type="checkbox"/> No Autopsy		10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated: CERTIFIER SIGNATURE: <u>BK Ballinger</u> M.D. DATE: <u>December 20, 1997</u>		

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

11. Usual Residence State <u>NYORK</u>	13b. County <u>MAN</u>	13c. City, Town, or Location <u>NEW YORK</u>	13d. Street & House No. <u>155 West 106 St</u>	Zip <u>10025</u>	Apt. No.	13e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Served in U.S. Armed Forces <input type="checkbox"/> Yes Specify years From To <input checked="" type="checkbox"/> No		15. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Widowed 3 <input type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced		16. Name of Surviving Spouse (If wife, give maiden name)		
17. Date of birth (Month) (Day) (Year) Decedent <u>JANUARY 24, 1935</u>		18. Age at last birthday <u>62</u>	If under 1 Year mos. days	If less than 1 Day hours mins.	19. Social Security No. <u>118-28-4077</u>	
20. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) <u>Housewife</u>				20b. Kind of business or industry		
21. Usual Residence (City & State or Foreign Country) <u>NYORK, New York</u>		22. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		23. Other name(s) by which decedent was known		
24. NAME OF FATHER OF DECEDENT <u>RICHARD DOYLE</u>			25. MAIDEN NAME OF MOTHER OF DECEDENT <u>MARGARET</u>			
26a. NAME OF INFORMANT <u>I. Goodchild</u>		26b. RELATIONSHIP TO DECEASED <u>Daughter</u>	26c. ADDRESS (CITY) (STATE) (ZIP) <u>155 W 106 ST NY NY 10025</u>			
27a. NAME OF CEMETERY OR CREMATORY <u>Evergreen Crematory</u>		27b. LOCATION (City, Town, State and Country) <u>HILLSIDE, NEW JERSEY</u>		27c. DATE OF BURIAL OR CREMATION <u>December 23, 1997</u>		
28a. FUNERAL ESTABLISHMENT <u>Very Cremation & Funeral Services, Inc.</u>		28b. ADDRESS <u>954 AMSTERDAM AVE NYC, NY 10025</u>				

6 (1/84) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DEATH TRANSCRIPT

Steven P. Schwartz
STEVEN P. SCHWARTZ
CITY REGISTRAR



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