

# Register of Deaths

In the ~~Village~~ <sup>Town</sup> of New Rochelle, County of Westchester, State of New York  
City

No. Great Hill Place 87 Registered No. 119 WARD

2 Full name Genevieve Margaret Colwell  
3 Residence no. Great Hill Place 4 St. 4 Ward Colwell  
(Usual place of abode) (If nonresident, give city or town and state)

4 Length of residence in city or town where death occurred  
Years 2 Months 2 Days

### PERSONAL AND STATISTICAL PARTICULARS

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

9 DATE OF BIRTH (month, day, year) May 21, 1912  
10 AGE Years 18 Months 10 Days 0 If less than 1 day, or ... hrs. or ... min.

11 Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. none  
12 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
13 Date deceased last worked at this occupation (month and year) 14 Total time (years) spent in this occupation

15 BIRTHPLACE (City or Town) New York (State or Country)

FATHER  
16 NAME John P. Colwell  
17 BIRTHPLACE (City or Town) Jenewah (State or Country)

MOTHER  
18 MAIDEN NAME Estelle Jagard  
19 BIRTHPLACE (City or Town) Carthage (State or Country) Mass.

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Signature of Informant) Genevieve Colwell  
(Address) 412 E. 136th St. N.Y.C.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood DATE OF BURIAL Mar. 29, 1931

22 UNDERTAKER (License No.) James W. Ryan ADDRESS 135th St. London  
(Signature) James W. Ryan REGISTRAR

23 Filed Mar. 23, 1931

### MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day, and year) Mar. 21, 1931  
25 I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1931 to Mar. 21, 1931

I last saw her alive on Mar. 21, 1931  
To the best of my knowledge, death occurred on the date stated above, at 3:15 p.m.

### CAUSE OF DEATH

CONTRIBUTORY CAUSES  
Tubercular Tuberculosis  
Myocardial failure

DURATION OF CONDITION	Date		
	Yr.	Mo.	Dys.

26 Where was disease contracted, or injury sustained? \_\_\_\_\_ Date \_\_\_\_\_

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

28 What laboratory test assisted diagnosis? \_\_\_\_\_

29 Was there an autopsy? Yes  
(Signed) Henry J. Margotta M. D.  
Mar. 22, 1931 (Address) 169 Thaman Ave

BURIAL OR TRANSIT } PERMIT ISSUED BY Marion London

DATE OF ISSUE Mar. 23, 1931

FOR THE PURPOSE OF GENEALOGY ONLY