

N.E. WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH [Deaths No. 5910] New York State Department of Health
STATE OF NEW YORK Westchester
Town Ossining
City
2 FULL NAME ALBERT H. PISH
3 Residence No. 354 Hunter Street
4 Length of residence in district where death occurred - 9 Years 9 Months 22 Days
5 Date of death in a hospital or institution, give the NAME, number of street and number, city or town and state
6 SEX Male
7 COLOR OR RACE White
8 Single, Married, Widowed, or Divorced (If more than one, give the word)
9 DATE OF BIRTH (month, day and year) 5-19-1870
10 AGE 65 Years 7 Months 27 Days
11 Trade, profession, or particular kind of work done, as soldier, seaman, farmer, etc.
12 Date, duration, and extent of illness, occupation, or cause in date unknown
13 Date, duration, and extent of illness, occupation, or cause in date unknown
14 BIRTHPLACE (City or Town) WASHINGTON DC (State or Country)
15 FATHER Unknown (Name and Country)
16 MOTHER Unknown (Name and Country)
17 BIRTHPLACE (City or Town) Maine USA (State or Country)
18 MAIDEN NAME Unknown
19 BIRTHPLACE (City or Town) New Jersey (State or Country)
20 THE ABOVE TO THE BEST OF MY KNOWLEDGE (Signature)
21 PLACE OF BURIAL CREMATION DATE OF BURIAL
22 UNDERLINE (Signature)
23 Who have an autopsy (Signature)
24 What laboratory the second diagnosis (Signature)
25 Date of issue (Signature)
26 Where was disease contracted or taken (Signature)
27 Name of operation, if any (Signature)
28 Organ or part affected (Signature)
29 What laboratory the second diagnosis (Signature)
30 Who have an autopsy (Signature)

PERSONAL AND STATISTICAL PARTICULARS
24 DATE OF DEATH January 16, 1936
25 I HEREBY CERTIFY, That I attended deceased from March 25, 1935 to January 16, 1936
To the best of my knowledge, death occurred on the date stated above, at 10:10 P.M.
CAUSE OF DEATH
LEGAL ELECTROCARDIOGRAM CONTRIBUTORY CAUSES
1936
1935
1934
1933
1932
1931
1930
1929
1928
1927
1926
1925
1924
1923
1922
1921
1920
1919
1918
1917
1916
1915
1914
1913
1912
1911
1910
1909
1908
1907
1906
1905
1904
1903
1902
1901
1900
1899
1898
1897
1896
1895
1894
1893
1892
1891
1890
1889
1888
1887
1886
1885
1884
1883
1882
1881
1880
1879
1878
1877
1876
1875
1874
1873
1872
1871
1870

FOR GENEOLOGICAL RESEARCH ONLY

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH