

Register of Deaths

Town of Johnson City, County of Crawame, State of New York

NAME OF HOSPITAL OR INSTITUTION <u>Johnson Memorial Hospital</u>		LENGTH OF STAY IN TOWN OR VILLAGE <u>3 days</u>		Registered No. <u>137</u>	
2. Usual residence of deceased: State <u>New York</u> County <u>Crawame</u> City or Village <u>Johnson City</u> Town <u>Johnson City</u>					
Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) <u>John Hamrick</u>		4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1952</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH Month <u>June</u> Day <u>24</u> Year <u>1894</u>		9. AGE Years <u>58</u> Months <u>9</u> Days <u>18</u>		10. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Mary Hamrick</u>	
11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>		12. CITIZENSHIP <u>U.S.A.</u>			
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>phase industry</u>					
14. FATHER'S NAME <u>John Hamrick</u>					
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. SOCIAL SECURITY NO. <u></u>		18. INFORMANT'S OWN SIGNATURE <u>Mrs. Anthony Hamrick</u>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		20. MAJOR FINDINGS OF OPERATION (A) <u>acute pancreas</u> (B) <u>pancreas</u> (C) <u>generalized interagency pancreas</u> <u>fractured hip</u> left		21. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		22c. WHERE DID INJURY OCCUR? <u>Johnson City</u> (State) <u>Crawame N.Y.</u>	
22d. TIME (Month) (Day) (Year) <u>4-5-52</u>		22e. INJURY OCCURRED While at <input type="checkbox"/> Not While at <input checked="" type="checkbox"/> Work		22f. HOW DID INJURY OCCUR? <u>fell at home</u>	
23. I hereby certify that I attended the deceased from <u>April 12, 1952</u> that I last saw the deceased alive on <u>April 12, 1952</u> and that death occurred at <u>Johnson City</u> from the causes and on the date stated above.					
24a. SIGNATURE <u>John Hamrick</u>		24b. ADDRESS <u>50 Jackson St.</u>		24c. DATE SIGNED <u>4/13 1952</u>	
25a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Michael's Cemetery</u>		25b. DATE <u>4/15 1952</u>		25c. UNDERTAKER'S SIGNATURE <u>Joseph Greckman</u>	
27. DATE FILED BY LOCAL REG. <u>4/14 1952</u>		28. REGISTRAR'S SIGNATURE <u>St. Michael's</u>		28b. UNDERTAKER'S ADDRESS <u>Johnson City</u>	
Burial or Transit		Permit issued by <u>St. Michael's</u>		Date of issue <u>4/14 1952</u>	

MEDICAL CERTIFICATION