

Dist 5151

STATE OF NEW YORK

70059

County of Suffolk
Town of Brookhaven
Village of Port Jefferson
City of _____ (No. _____ St. _____)

Full Name of Deceased Ruth Esther Bulamin.
(If an infant, not named, give family name.)

PERSONAL AND STATISTICAL PARTICULARS

PLACE OF DEATH Port Jefferson, Ind.
AGE 63 years (If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")
SEX Female COLOR White
MARRIAGE STATUS Widow
OCCUPATION Housekeeping
RESIDENCE Patchogue, Ind.
NAME OF PHYSICIAN Charles Dayton
CHARACTER OF ILLNESS Severe
PLACE OF BIRTH Long Island

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12 1966

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1966 to Sep. 12 1966, that I last saw her alive on Sept. 11 1966, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

CHIEF CAUSE Carcinoma, Gastric.

CONTRIBUTORY 1st year DURATION _____ DATE _____

(Signed) J. J. Terrell, M.D. Sept 12 1966 (Address: Port Jefferson, Ind.)

SPECIAL INFORMATION only for Hospitals, Institutions, Prisons or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ DATE _____

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Mount Sinai DATE OF BURIAL Nov 15 1966

UNDERTAKER J. J. Terrell - Port Jefferson ADDRESS _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Archie C. ...
1966
Subregistrar
E. ...

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