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MARGIN RESERVED FOR BINDING

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. TYPEWRITE, HAND-PRINT OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

Form VS No. 60b. 6-15-55-100M (5C-136)

New York State Department of Health
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dist. No. 2794 (To be inserted by registrar)

Registered No. 34

1. PLACE OF DEATH: STATE OF NEW YORK
a. COUNTY: Monroe
b. TOWN:
c. CITY OR VILLAGE: Rochester
e. LENGTH OF STAY IN TOWN, CITY OR VILLAGE: Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rochester State Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: N. Y. State
b. COUNTY: Monroe
c. TOWN:
d. CITY OR VILLAGE: Rochester — Is residence within its corporate limits? YES ☒ NO ☐
e. STREET ADDRESS: 14 Bobrich Drive

3. NAME OF DECEASED (Type or Print): Delight Millham

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife:

9. DATE OF BIRTH: 2 - 24 - 1916

10. AGE Years: 38 Months: 10 Days: 26 IF UNDER 24 HRS. Hours Min.:

11. BIRTHPLACE (State or foreign country): N. Y. State

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

13b. KIND OF BUSINESS OR INDUSTRY: None

14. FATHER'S NAME: Charles Richmond Millham

15. MOTHER'S MAIDEN NAME: Jane Gordon

16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — If so, give war or dates of service:

17. SOCIAL SECURITY NO.: 371 43 -10 1946 No N756394

18. INFORMANT'S NAME: U. Arnsdorff ADDRESS: per rec. Rochester State Hosp.

19. CAUSE OF DEATH

MEDICAL CERTIFICATION

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complications which caused death).	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	Cirrhosis of the liver	unknown
(B) DUE TO	Fistula of Sigmoid & Transverse Colon	3 years
(C)	Addiction to Pantopon	3 yrs +
II OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.	Toxic encephalopathy	1 month

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

20a. DATE OF OPERATION:

20b. MAJOR FINDINGS OF OPERATION:

21. AUTOPSY? YES ☒ NO ☐

22a. ACCIDENT, SUICIDE HOMICIDE (Specify):

22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22c. WHERE DID INJURY OCCUR? (City or town) (County) (State):

22d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

22e. INJURY OCCURRED While at Work ☐ Not While at Work ☐

22f. HOW DID INJURY OCCUR?

23. *I hereby certify that I attended the deceased from* 12 - 29 - 19 54 *to* 1 - 20 - 19 55, *that I last saw the deceased alive on* 1 - 20 - 19 55, *and that death occurred at* 5:40 A.M., *from the causes and on the date stated above.*

24a. SIGNATURE: Ursula K. Arnsdorf M. D.

24b. ADDRESS: Rochester State Hospital

24c. DATE SIGNED: 1 - 20 19 55

25a. PLACE OF BURIAL, CREMATION OR REMOVAL: Riverside Cem.

25b. DATE: Jan 22 19 55

26a. UNDERTAKER'S SIGNATURE: Hedges H.C. Allison A00091

26b. UNDERTAKER'S ADDRESS: 271 University Ave. Rochester, NY

REGISTRATION NO.

27. DATE FILED BY LOCAL REG.: 1 - 20 19 55

28. REGISTRAR'S SIGNATURE: Grace M. Guest

Burial or Transit Permit issued by: Grace M. Guest Date of Issue: 1 - 20 19 55

Exhibit A

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