

CERTIFICATE OF DEATH

Registered No. 5

Dist. No. 5156
To be inserted by registrar

1 PLACE OF DEATH: STATE OF NEW YORK
 County Suffolk
 Town Shelter Island
 Village _____
 City _____ Ward _____
 No. _____ St. _____
 (If a hospital or institution give its NAME instead of street and number)

2 USUAL RESIDENCE OF DECEASED: { If an institution, give plac
 residence prior to admis
 State New York
 County Suffolk
 Town Shelter Island
 Village _____
 City _____
 No. _____

Length of stay:

In hospital or institution _____ yrs. _____ mos. _____ days
 In town, village or city 32 yrs. _____ mos. _____ days

Is residence within limits of city or incorporated village? _____

3 Full Name EMMETT ALONZO KING

4 (a) Social Security No. _____ 4 (b) If Veteran, Name War _____

5 Sex male 6 COLOR OR RACE white 7 Single, Married, Widowed, or Divorced (Write the word) widowed8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Carrie Emeline Stevens Age if alive _____ years9 DATE OF BIRTH (month, day, year) April 16 - 185910 AGE Years 76 Months _____ Days 25 IF LESS than 1 day, _____ hrs. or _____ min.11 Usual occupation Gardner

12 Industry or business _____

13 BIRTHPLACE (City or Town) (State or Country) Sagaponack, N.Y.FATHER 14 NAME Libbins King15 BIRTHPLACE (City or Town) (State or Country) Sagaponack, N.Y.MOTHER 16 MAIDEN NAME Julia Conklin17 BIRTHPLACE (City or Town) (State or Country) Sagaponack, N.Y.

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant's own signature Vincent E. King
Address Shelter Island, N.Y.19 PLACE OF BURIAL, CREMATION OR REMOVAL Shelter Isl. Cemetery DATE OF BURIAL May 15 193520 UNDERTAKER OR PERSON IN CHARGE (Signature) S. H. HortonADDRESS Greenport, N.Y.UNDERTAKER'S License No. 598321 Date received May 14 1935
Signature of Registrar or Subregistrar E. P. BaldwinBurial or Transit } Permit issued by E. P. BaldwinDate of issue May 14 - 1935

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) May 11 - 193523 I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to May 11, 1935I last saw him alive on May 11, 1935To the best of my knowledge, death occurred on the date stated above, at 9:30 P. m.

Immediate cause of death

Acute cardiac dilatationDue to Coronary Thrombosis 6

Due to _____

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Date _____

Of autopsy no

What laboratory test was made? _____

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ While at work? _____ (Specify type of place)

(e) Means of injury _____

25 Signature D. F. CurrieAddress Shelter Isl. N.Y. Date May 11 - 1935

DURATION OF CONDITION

Yrs. Mos. D.

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH
 N.B.—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 statements of RESIDENCE and
 OCCUPATION are very important. See instructions on back of certificate.

This is a certified copy.
 Mildred S. King, Registrar of V.S.