

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
CERTIFICATE OF DEATH

BOROUGH OF Manhattan

Name of Institution Lincoln Hospital

Registered No. 3946

2 FULL NAME Caroline Clark

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

15 DATE OF DEATH June 4th, 1924
(Month) (Day) (Year)

6 DATE OF BIRTH _____
(Month) (Day) (Year)

7 AGE 34 yrs. 1 mos. 1 ds. or 1 day, 1 hrs. or 1 min.?
If LESS than

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) United States

(A) How long in U. S. (if of foreign birth) _____ (B) How long resident in City of New York 6 years

10 NAME OF FATHER Elliott Van Pelt

11 BIRTHPLACE OF FATHER (State or country) United States

12 MAIDEN NAME OF MOTHER Mary Elizabeth Eaton

13 BIRTHPLACE OF MOTHER (State or country) United States

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } 375 East 136 Street

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

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on June 2nd 1924, that I last saw her alive on the 4th day of June 1924, and that she died on the 4th day of June 1924, about 12⁰⁰ o'clock A. M. or P. M.; the diagnosis during her last illness was:

Acute Appendicitis - General Peritonitis duration _____ yrs. _____ mos. _____ ds.

Contributory causes were _____ duration _____ yrs. _____ mos. _____ ds.

Witness my hand this 4th day of June 1924

Signature Adore Jacobs M. D.
House Surgeon

17 I hereby certify that I have this _____ day of _____ 1924, performed an autopsy upon the body of said deceased, and that the findings were:

Signature _____ M. D.
Pathologist _____ Hospital

FILED

18 PLACE OF BURIAL

DATE OF BURIAL

JUN 5 1924

Woodlawn Cemetery June 8, 1924

19 UNDERTAKER

ADDRESS

George F. Ryck #72 297 Willis Ave

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Irene A. Scanlon

IRENE A. SCANLON
CITY REGISTRAR



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BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

SEP 24 1987

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