

New York State Department of Health  
DIVISION OF VITAL STATISTICS

37912

Dist. No. 5 27  
To be certified by registrar

CERTIFICATE OF DEATH

Registered No. 52

1 PLACE OF DEATH: STATE OF NEW YORK  
County SUFFOLK  
Town SOUTHOLD  
Village GREENPORT  
City  
EASTERN LONG ISLAND HOSPITAL  
Length of stay:  
In hospital or institution yrs. mos. days  
In town, village or city yrs. mos. days

2 USUAL RESIDENCE OF DECEASED:  
State NEW YORK  
County SUFFOLK  
Town SOUTHOLD  
Village  
Number of days absent  
Is residence within limits of city or is corporate village  
2a Citizen of foreign country (a) (b)  
If yes, name country

3 Full Name JAMUEL HOPE

4 (1) Social Security No. 095-07-1701 (2) If Veterans, Name War

5 Sex M (6) COLOR OR RACE W (7) Single, Married, Widowed, or Divorced (Write the word) MARRIED

8 If MARRIED, Husband or Wife BEATRICE M. PEMSON 66 years

9 DATE OF BIRTH (month, day, year) DEC 4 1878

10 AGE: Years 67 Months 6 Days 26

11 Usual occupation GUN BUSINESS

12 Industry or business GUN BUSINESS

13 BIRTHPLACE (City or Town) Brooklyna, NY (State or Country)

14 NAME JAMES HOPE

15 BIRTHPLACE (City or Town) Philadelphia Pa (State or Country)

16 MAIDEN NAME ADELARDE MOTT

17 BIRTHPLACE (City or Town) LONDON ENGLAND (State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant's own signature

19 PLACE OF BURIAL (CREMATION OR REMOVAL) HOLTSVILLE CEMETERY DATE OF BURIAL 12 1946

20 UNDERTAKE OR PERSON IN CHARGE OF BURIAL

ADDRESS 197-42nd St, Long Beach, Calif

UNDERTAKE'S License No. 331

Signature of Registrar of Births and Deaths

Burial or Transit Permitt issued by J. D. Rogers

MEDICAL CERTIFICATION

21 DATE OF DEATH June 30 1946 (Month, Day, and Year)

22 I HEREBY CERTIFY, That I attended deceased from June 27, 1946 to June 29, 1946

I last saw him alive on June 30, 1946

To the best of my knowledge, death occurred on the date stated above, at 10:30 a.m.

Immediate cause of death Cerebral hemorrhage

Due to Chronic valvular disease of aorta and mitral valves

Other conditions (Include pregnancy within 1 month of date)

Major findings of operations 727

(If autopsy)

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 55.1

(c) Where did injury occur?

(d) Did injury occur in or about house, on farm, in industrial place, or public place? While at work

(e) Means of injury

25 Signatures

Address

DURATION OF CONDITION		
Yrs.	Mos.	Days

PHYSICIAN Under the cover to which death should be charged.

Date of issue June 30 1946