RECORDED DISTRICT 3300 3301
REGISTER NUMBER 1966

NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 000000406 3 4

DECEDENT

1. NAME: FIRST MIDDLE LAST: MARGARET B. DOWNES
2. SEX: MALE ☐ 1 FEMALE ☒ 2
3A. DATE OF DEATH: MONTH JUNE DAY 3 YEAR 90
3B. HOUR: 10:45 A m
4A. PLACE OF DEATH (Check only one): HOSPITAL DOA ☐ 1 HOSPITAL ER ☐ 2 HOSPITAL OUTPATIENT ☐ 3 HOSPITAL INPATIENT ☒ 4 NURSING HOME ☐ PRIVATE RESIDENCE ☐ OTHER (Specify)
4B. IF FACILITY, DATE ADMITTED: MONTH 4 DAY 4 YEAR 90
4C. NAME OF FACILITY (If not facility give address): UNIVERSITY HOSP.
4D. LOCALITY (Check one and specify): CITY OF ☒ VILLAGE OF ☐ TOWN OF ☐ SYRACUSE
4E. COUNTY OF DEATH: ONON
4F. MEDICAL RECORD NO: 280 098509
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐
5. DATE OF BIRTH: MONTH NOV DAY 17 YEAR 1913
6. AGE: 76 yrs. IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes
7A. CITY AND STATE OF BIRTH (Country if not U.S.A.): SYRACUSE, N.Y.
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ 0 YES ☐ 1
9. RACE (Black, White, etc.): WHITE
10. HISPANIC ORIGIN? (If yes, specify) NO ☒ YES ☐
11. EDUCATION (Check only one): 0-11 ☐ 1 12 ☐ 2 13-15 ☐ 3 16 ☒ 4 17+ ☐ 5
12. SOCIAL SECURITY NUMBER: 056-38-3747
13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED OR SEPARATED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4
14. SURVIVING SPOUSE (If wife, provide maiden name): JOHN F. DOWNES
15A. USUAL OCCUPATION (Do not enter retired): TEACHER
15B. KIND OF BUSINESS OR INDUSTRY: SCHOOL
15C. NAME AND LOCALITY OF COMPANY OR FIRM: SYRACUSE SCHOOL SYSTEM SYRACUSE, N.Y.
16A. RESIDENCE, STATE: N.Y
16B. COUNTY: ONON.
16C. LOCALITY (Check one and specify): CITY OF ☐ VILLAGE OF ☐ TOWN OF ☒ ONONDAGA
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 4954 BRYN MAWR DR
16E. ZIP CODE: 13215

PARENTS

17. NAME OF FATHER: FIRST JOSEPH MI LAST BARRETT
18. MAIDEN NAME OF MOTHER: FIRST EMMA MI LAST HERBERT

19A. NAME OF INFORMANT: JOHN F. DOWNES
19B. MAILING ADDRESS (Include zip code): 4954 BRYN MAWR DR SYRACUSE, N.Y. 13215

DISPOSITION

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (Specify): BURIAL MONTH 6 DAY 6 YEAR 90
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: ST. MARY'S
20C. LOCATION (City or town and state): DEWITT, N.Y.
21A. NAME AND ADDRESS OF FUNERAL HOME: GAYNOR-MASLYN INC 119 SO. AVE SYRACUSE, N.Y. 13204
21B. REGISTRATION NUMBER: 00766
22A. NAME OF FUNERAL DIRECTOR: JOHN F. MASLYN
22B. SIGNATURE OF FUNERAL DIRECTOR: John F. Maslyn
22C. REGISTRATION NUMBER: 03459
23A. SIGNATURE OF REGISTRAR: Valerie S. Clary
23B. DATE FILED: MONTH June DAY 6 YEAR 90
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Valerie S Clary
24B. DATE ISSUED: MONTH 6 DAY 5 YEAR 90

CERTIFIER

ITEMS 25 THROUGH 33 TO BE COMPLETED BY CERTIFYING PHYSICIAN

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: Henry G Schneider MONTH 6 DAY 3 YEAR 90
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM — TO —
25C. LAST SEEN ALIVE:
25D. NAME OF ATTENDING PHYSICIAN: DR. THOMAS COYLE
LICENSE NUMBER: 156633

— OR —

ITEMS 25 THROUGH 33 TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE AND TITLE: ☐ CORONER ☐ CORONER'S PHYSICIAN ☐ MEDICAL EXAMINER
25B. PRONOUNCED DEAD ON
25C. HOUR: m
25D. DATE SIGNED:
25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:

26. NAME AND ADDRESS OF CERTIFIER: SUNY HEALTH SCIENCE CNTR. 750 E. ADAMS ST. SYRACUSE, NY 13210
25F. ME/COR. PHYS. LICENSE NUMBER
27. MANNER OF DEATH: NATURAL CAUSE ☐ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? ☐ 0 NO ☐ 1 YES
29A. AUTOPSY? NO ☐ 0 YES ☐ 1
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? ☐ 0 NO ☐ 1 YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

SOCIAL SECURITY ACCOUNT NUMBER
056-38-3747
HAS BEEN ESTABLISHED FOR
Margaret B. Downes
SIGNATURE Margaret B. Downes
FOR SOCIAL SECURITY AND TAX PURPOSES—NOT FOR IDENTIFICATION