

# NY VITAL STATISTIC INFORMATION

## New York State Death Certificate Information

1. Decedent's Name:				2. Sex:		3A. Date of Death:	
3B. Hour:		4A. Place of Death:				4B. Admitted Date:	
4C. Facility:				4D. Locality:			
4E. County:			4F. Med. Rec. #:		4G. Transferred?		
5. Date of Birth:		6A. Age:	6B. Under 1 Year:		6C. Under 1 Day:		7A. Birthplace:
			Months:	Days:	Hours:	Minutes:	
8. Armed Forces?		9. Hispanic Origin?			10. Race:		
11. Education:			12. Social Security #:		13. Marital Status:		
14. Spouse:				15A. Usual Occupation:			
15B. Kind of Business:				15C. Company:			
16A. Residence – State:		16B. County:			16C. Locality:		
16D. Street:				16E. Zip Code:		16F. In City Limits?	
17. Father:				18. Mother:			
19A. Informant:			19B. Address:				
20A. Disposition:				20B. Place of Disposition:			
20C. Location:			21A. Funeral Home: <b>Clark Associates Funeral Home, 4 Woods Bridge Road, Katonah, NY 10536</b>				