

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

Certificate of Death

FILED

Certificate No. **158-54-40401A**

1. NAME OF DECEASED **THOMITS** **HOUGHTON**
(Print or Typewrite) First Name Middle Name Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State **NEW YORK**
 (b) Co. **QUEENS** (c) Post Office and Zone **JAMAICA**
 (d) No. **97-34 ALLENDALE** St.
(If in rural area, give location)
 (e) Length of residence or stay in City of New York immediately prior to death **26 Yrs**

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) **MARCH 3 1906**

5 AGE **48** yrs. If under 1 year mos. days If LESS than 1 day hrs. or min.

6 Occupation **BUS DRIVER**
 a. Usual Occupation (Kind of work done during most of working life, even if retired)
 b. Kind of Business or Industry in which this work was done **N. Y. CITY TRANSIT**

7 SOCIAL SECURITY NO. **096-05-2052**

8 BIRTHPLACE (State or Foreign Country) **U. S. A.**

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? **U. S. A.**

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? **NO** 10b. IF YES, Give war or dates of service **-**

11 NAME OF FATHER OF DECEDENT **PATRICK HOUGHTON**

12 MAIDEN NAME OF MOTHER OF DECEDENT **MARYANN HEARN**

13 NAME OF INFORMANT **AGNES HOUGHTON** RELATIONSHIP TO DECEASED **WIFE** ADDRESS **97-34 ALLENDALE ST.**

14a. Name of Cemetery or Crematory **ST. MARGARET CEMETERY** 14b. Location (City, Town or County and State) **TWIN MTS. New Hampshire** 14c. Date of Burial or Cremation **APRIL 29 1954**

21 FUNERAL DIRECTOR **Frank LaDrea** ADDRESS **138-41 101 Ave** PERMIT NUMBER **3628**

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

15 PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough **Queens**
 (c) Name of Hospital or Institution **139-19-101 Ave**
(If not in hospital or institution, give street and number.)
 (d) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc.

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) **April 24 1954 7 PM.**

17 SEX **Male** 18 COLOR OR RACE **White** 19 Approximate Age **50 1/2**

20 I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at this **24** day of **April** 19**54**
 I further certify from the investigation and **(complete autopsy)** **(partial autopsy)** **(incision)** **(examination)** that, in my opinion, death occurred on the date and at the hour stated above and resulted from **(natural causes)** **(accident)** **(suicide)** **(homicide)** **(undetermined circumstances pending further investigation)**, and that the causes of death were:
PART I
 (a) Immediate Cause **Myocardial infarction**
 (b) and (c) Antecedent Causes with Primary Cause Stated Last. **due to vascular disease**
PART II
 Contributory Causes.

Signed **Richard Jones** Assistant Medical Examiner
 M. E. Case No. **1091** Approved **Anna A. Taylor M.D.** Chief Medical Examiner

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH CITY OF NEW YORK



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

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DATE ISSUED Feb 13, 2012

Steven P. Schwartz
 Steven P. Schwartz, Ph.D., City Registrar



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