

VS-4 REV. 11/88
STATE OF CONNECTICUT
DEPT. OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED NAME FIRST FRANK		MIDDLE		LAST GRAHAM		SEX M	DATE OF DEATH (Month, Day, Year) 7/20/92
DATE OF BIRTH (Month, Day, Year) 1-29-54	AGE—Last Birthday 38	UNDER 1 YEAR Mos. Days Hours Mins.	UNDER 1 DAY Mos. Days Hours Mins.	RACE—White, Black, American Indian, Other (Specify) Black		OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) N	
COUNTY OF DEATH New Haven	TOWN OF DEATH New Haven	PLACE OF DEATH (Check One) Hospital: Yale New Haven Hosp. <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Inpatient		<input type="checkbox"/> ER/outpatient		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other	
CITY & STATE OF BIRTH (Country if not U.S.) Kingston, Jamaica, W.I.		CITIZEN OF USA		<input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED		LAST SPOUSE (If wife, give maiden name):	
SOCIAL SECURITY NUMBER CH3-52957A		USUAL OCCUPATION (Give kind of work done during most working life, even if retired) N/A		KIND OF BUSINESS OR INDUSTRY			
RESIDENCE STATE Connecticut	COUNTY New Haven	TOWN New Haven	NUMBER AND STREET 34 Wilson St				
WAS DECEASED A VETERAN IF YES GIVE WAR YES		BRANCH OF SERVICE Army		EDUCATION (Specify highest grade completed): Primary/Secondary 12 College 1-4 5+			
FATHER—NAME FIRST MIDDLE LAST George Graham		MOTHER FIRST MIDDLE MAIDEN Emily		INFORMANT—NAME Emily Graham			
MAILING ADDRESS 27 E. 11th St New Haven CT		RELATIONSHIP TO DECEASED Mother		PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			
IMMEDIATE CAUSE (a) Multi-system organ failure DUE TO, OR AS A CONSEQUENCE OF: (b) Necrotizing Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) AIDS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days 12 days 1 year		PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			
NURSE PRONOUNCEMENT TYPE OR PRINT NAME Dean Chang		DEGREE M.D.		SIGNATURE Dean Chang		DATE AND TIME PRONOUNCED MONTH DAY YEAR TIME 7 20 92 7:35 A.M.	
CERTIFICATION—PHYSICIAN I attended the deceased from 7/9/92		Ma Day Year 7/20/92		AND LAST SAW HIM/HER ALIVE ON Month Day Year 7 20 92		DEATH OCCURRED On the date, and to the best of my knowledge, due to the cause(s) stated. M. Day Year 7 20 92	
WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SURGERY RELEVANT TO CONTITION REPORTED IN ITEM 30 (Name of Operation) (Date Performed)		THE DECEDENT WAS PRONOUNCED DEAD: Month Day Year 7 20 92			
CERTIFIER—NAME (type or print) Dean Chang		SIGNATURE Dean Chang		DEGREE OR TITLE M.D.			
MAILING—CERTIFIER STREET OR R.F.D. NO. Yale-New Haven Hospital		CITY OR TOWN New Haven		STATE ZIP CT 06504		DATE SIGNED (Month, Day, Year) 7/20/92	
BURIAL, CREMATION, REMOVAL (Specify) Burial		CEMETERY OR CREMATORY—NAME Evergreen Cemetery		LOCATION CITY OR TOWN STATE New Haven, CT			
DATE (MONTH, DAY, YEAR) 7-25-92		FUNERAL HOME, NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) WADE FUNERAL HOME 95 Dixwell Ave CT		FUNDAMENTAL DIRECTOR OR EMBALMER SIGNATURE Michael G. Wade			
FUNDAMENTAL DIRECTOR OR EMBALMER SIGNATURE Michael G. Wade		NAME OF EMBALMER IF BODY WAS EMBALMED Michael G. Wade		LICENSE NUMBER 1950			
THIS CERTIFICATE RECEIVED FOR RECORD ON July 28, 1992		BY Michael V. Lynch		REGISTRAR			

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

RTANT INSTRUCTIONS
EAD CAREFULLYUT LEGIBLY with a Per-
t Black Record Ink.EN COMPLETED, this form
be sent to the registrar of
statistics in the town where
occurred.DED AREA: to be com-
by physician.HADED AREA: to be com-
by Funeral Director.

I certify that this is a true transcript of the information in this office.

Michael V. Lynch, Registrar
Carol Longobardi-Fortier, Deputy Registrar
Maria DeGaetano, Ass't RegistrarDated at New Haven, Connecticut, U.S.A., this 22 day of MARCH, 1999.

SL-12513