

DATE FILED
92 APR -3 PM 8:01

CERTIFICATE OF DEATH 156-92-018741
Certificate No.

1. NAME OF DECEASED DOROTHY KELLY
(Type or Print) (First Name) (Middle Name) (Last Name)

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

2. PLACE OF DEATH NEW YORK CITY 2a. BOROUGH MANHATTAN	2b. Name of hospital or other facility if not facility, street address LENOX HILL HOSPITAL	2c. If in Hospital or Other Facility (Check) 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input checked="" type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month 3 Day 23 Year 92
3a. Date and Hour of Death APRIL 2, 1992 1:40	3b. HOUR AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	4. SEX FEMALE	5. APPROXIMATE AGE 87 YEARS

6. I HEREBY CERTIFY THAT: (Check One)
 I attended the deceased A staff physician of this institution attended the deceased
 Dr. _____ attended the deceased
 from MARCH 23, 1992 to APRIL 2, 1992 and last saw her OK alive at 1:39^A M on APRIL 2, 1992. I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.
 Witness my hand this 2ND day of APRIL 19 92 Signature OSUN KWON D.O. M.D.
 Name of Physician OSUN KWON Address 100 EAST 77TH ST, NYC, NY
 (Type or Print)

PERSONAL PARTICULARS (To be filled in by Funeral Director)

7. Usual Residence a. State NEW YORK	7b. County N.Y.	7c. City, Town, or Location NEW YORK	7d. Street & House No. 120 WEST 106 ST	Zip 10023	Apt. No.	7e. Inside City Limits of 7c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Served in U.S. Armed Forces No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Specify years From To	9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Widowed 3 <input type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (If wife, give maiden name)	11. Date of birth (Month) (Day) (Year) FEBRUARY 1905	12. Age at last birthday 87	13. Social Security No.	14a. Usual Occupation (Kind of work done during most of working lifetime, do not enter retired) PROOF READER
15. Birthplace (City & State or Foreign Country) ILLINOIS	16. Education (Check only one) 0-11 <input type="checkbox"/> 12 <input type="checkbox"/> 13-18 <input checked="" type="checkbox"/> 17+ <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	17. Other name(s) by which decedent was known DOROTHEA KELLEY	18. NAME OF FATHER OF DECEDENT JOHN WILLIAM NAGEL	19. MAIDEN NAME OF MOTHER OF DECEDENT OLGA FREITAS	20a. NAME OF INFORMANT MARY TIERNON	20b. RELATIONSHIP TO DECEASED SISTER
21a. NAME OF CEMETERY OR CREMATORY WARDEN STATE CREM	21b. LOCATION (City, Town, State and Country) NO. BERGEN N.J.	21c. DATE OF BURIAL OR CREMATION APRIL 5 1992	22a. FUNERAL DIRECTOR WALTER B. COOKE	22b. ADDRESS 11 WEST 77TH ST NY NY	14b. Kind of Business CHEMICAL CO.	

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

VR 15 (1/88)

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

DEATH TRANSCRIPT

Earlene Price
EARLENE PRICE
CITY REGISTRAR

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