

Gross

RECORD OF DEATH

PLACE OF DEATH *Port Jervis*

No. *Crumbs Co* St., N. J.

FULL NAME *Lypton Gross*

RESIDENCE *Shady side Md*

Sex *M* Color or Race *col* 6. Single, Married, Widowed or Divorced *Married*

17. DATE OF DEATH *May 31 1942*

If married, widowed or divorced Husband of *Josephine*

18. I HEREBY CERTIFY, That I attended deceased from *June 4, 1942* to *June 4, 1942* Last saw h... alive on *June 4, 1942* Death is said to have occurred on the date stated above, at *5:10 P.M.*

DATE OF BIRTH *Sept-18-1895*

The cause of death was: *Drowning Accidental* Date of onset

AGE Years *48* Months Days If Less Than One Day Hrs. Min.

Contributory causes of importance not related to principal cause:

Trade, profession, or kind of work done *Labor* Industry or business in which employed

1. BIRTHPLACE *Md*

Name of operation... Date of...

12. NAME *John Thomas Gross*

What test confirmed diagnosis?

13. BIRTHPLACE *Md*

Was there an autopsy? *No*

14. MAIDEN NAME *Cecenia Miller*

Accident, suicide, or homicide? *Accidental*

13a. BIRTHPLACE *Md*

Date of injury *May 31 1942*

8. INFORMANT *Arnetta Harris* (Address) *Eastport Md*

Where did injury occur? *Port Jervis*

9. Place of Burial *Shady side Md* Date *June 7 1942*

Specify whether injury occurred in industry, in home, or in public place.

1. UNDERTAKER *Living + Rickman* (Address) *Port Jervis*

Manner of injury... Nature of injury...

6. RECEIVED *June 4, 1942* *E. R. Danks* Local Registrar.

Was disease or injury in any way related to occupation of deceased?

(Physician) *Richard Linneman* M. D. (Address) *Millville N.J.*