FORM V.S. NO. T	í-A	CON		H OF KENTU	FILE NO.	116 .	56-	238	
FEDERAL SI	ECURITY AGENCY HEALTH SERVICE		DEPARTMENT DIVISION OF VIT	AL STATISTICS	5	26	55		
NATIONAL OFFI	CE VITAL STATISTI	IC5	CERTIFICATE	OF DEATH	REGISTR		·		
	Registration Dist	rict No. 108	Prima	ry Registration Dis	trict No2	435			
1. PLACE OF DEA	Muhlenber	ğ		2. USUAL RES	NY.	(Where deceased b. COUNTY	eed Hvod. Muh	lenbe	residence admission)
OK .	corporate itmits, write gir	ty	c. LENGTH OF STAY (in this piace)	c, CITY OR TOWN	Centra	1City	íS.	RESIDENCE OI	NO E
d. FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in hespital location)	or institution, a	give street address or	d. STREET ADDRESS				YES 2	но 🗍
3. NAME OF DECEASED (Tupe or Print)	Walter	r Pas		rell		4. DATE OF DEATH	Month)		1956
5. SEX	6. COLOR OR RACE	7. MARRIED, I WIDOWED, DI MAI	NEVER MARRIED, IVORCED (Specify) PTIED	e. date of Birt Oct. 2	, 1904	9. AGE (In year last birthday) 52	If Under Months	Days Ho	
Book Book	ATION (Give kind of works of working life, even in keeper	10b. KIND O	F BUSINESS OR IN-		uhlenbe	erg Co. K		12. CITIZEN WHAT CO	OF DUNTRY?
13. FATHER'S NAME		F 7 7	•	14. MOTHER'S A	aaiden nami Anna	: Watk i r	3.5		
15. WAS DECEASED	EVER IN U. S. ARMED	Lovell	L SOCIAL SECURITY	17. INFORMA		MOCUTI	1.0		
(Yes, no, or unknown	(If yes, give war or det	les of service)	NO.			eorgia I	Lovel	1	
18. CAUSE OF DE	H WAS CAUSED BY	Gret	MEDICAL O	ERTIFICATION	me				BETWEEN ND DEATH
		and	MEDICAL C		mey				
PART I. DEAT Conditions, is which gave r	H WAS CAUSED BY, IMMEDIATE CAUSE (a) Famp, ios to (b)	Cerel	MEDICAL Of Standard		mly				
PART I. DEAT Conditions, is which gave r	H WAS CAUSED BY: IMMEDIATE CAUSE (a) famy, ise to (a) ander- last. DUE TO (b)		he Benedy	ERTIFICATION /	mly		N DART 1/-	S.Z.	ND DEATH
PART I. DEAT Conditions, is which gave r	H WAS CAUSED BY: IMMEDIATE CAUSE (a) Famy, ise to ise to ise to ise do; ider-		he Benedy	ERTIFICATION /	mly		N PART 1(a	ONSE A S A S A S A S A S A S A S A S A S A	UTOPSY MED?
Conditions, in which gave rabove cause stating the utility lying cause PART U. OTHER	H WAS CAUSED BY: IMMEDIATE CAUSE (a) Famer. ise to (a) included by the to (b). SIGNIFICANT CONDITIONS	CONTRIBUTING 1	he Benedy	LATED TO THE TERM	urval disease co	ONDITION GIVEN I		ONSE A SAN PERFOR	ND DEATH
Conditions, in which gave realized stating the use stating the use stating the use lying cause PART II. OTHER	H WAS CAUSED BY: IMMEDIATE CAUSE (a) Famer. ise to (a) included by the to (b). SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO THE TERM	urval disease co	ONDITION GIVEN I		ONSE A SAN PERFOR	UTOPSY MED?
PART I. DEAT Conditions, is which gave rabove causes stating the use lying cause PART II. OTHER 20. ACCIDENT 21b. TIME OF IM. NULLY 6.	H WAS CAUSE BY: WAMEDIATE CAUSE (a) Fame: ise to (a) mider: DUE TO (b) SIGNIFICANT CONDITIONS SUICIDE HOMICIDE	CONTRIBUTING 1.21a. DESCRIBE	TO DEATH BUT NOT RE	LATED TO THE TERM	urval disease co	ONDITION GIVEN I		ONSE A SAN PERFOR	UTOPSY MED?
PART I. DEAT Conditions, is which gave rabove causes stating the use lying cause PART II. OTHER 20. ACCIDENT 21b. TIME OF III. MUNITY C. P. P. 21c. INJURY OCCU WHILE AT MINITY OCCU	H WAS CAUSED BY: WAMEDIATE CAUSE (a)	CONTRIBUTING 1 21a. DESCRIBE	TO DEATH BUT NOT RE	LATED TO THE TERM	inal disease color 2 5 s of injury in	ONDITION GIVEN B		ONSE A S S S S S S S S S S S S S S S S S S S	UTOPSY MED?
PART I. DEAT Conditions, is which gave re above gause stating the use lying cause PART II, OTHER 20. ACCIDENT 21b. TIME OF III, NUILY G. P. 21c. INJURY G. AT 22. I hereby certif	H WAS CAUSED BY: WAMEDIATE CAUSE (a) Famely. Ide to (b): Ide to (c): Ide to (c): Ide to (c): SIGNIFICANT CONDITIONS SUICEDE HOMICIDE Identified Identified Identified Identified Identified Identified Identified Identified Identif	CONTRIBUTING 12. 21a. DESCRIBE ACE OF INJURY 6. The factory, etro- e deceased from	TO DEATH BUT NOT RE HOW INJURY OCCURS (e. g., in or about honoet, affice bldg., etc.)	LATED TO THE TERM THE TERM OF THE TERM	ural disease colored for a final disease colored for a final	ONDITION GIVEN B Part I or Part ON	II of item	ONST A SOLUTION OF THE SOLUTIO	UTOPSY MED? NO [] STATE
PART I. DEAT Conditions, is which gave rabove causes stating the use stating cause stating cause stating cause stating cause stating causes 20. ACCIDENT 21b. TIME OF He INJURY OCCU WHILE AT INJURY	H WAS CAUSED BY: WAMEDIATE CAUSE (a) Famy. DUE TO (b). ise to (c) last. DUE TO (c). SIGNIFICANT CONDITIONS SUICIDE HOMICIDE WAS CAUSED BY:	CONTRIBUTING 12. 21a. DESCRIBE ACE OF INJURY 6. The factory, etro- e deceased from	TO DEATH BUT NOT RE HOW INJURY OCCURS (e. g., in or about honest, affice bldg., etc.)	LATED TO THE TERM THE TERM OF THE TERM	UNAL DISEASE CO - 25 e of injury in WN, OR LOCATI //- /6- , from the co	ONDITION GIVEN B Part I or Part ON 1956 causes and on	COUNTY that I L the date	ONST A SOLUTION OF THE PROPERTY OF THE PROPERT	UTOPSY MED? NO STATE state deceased hope.
PART I. DEAT Conditions, is which gave rabove causes stating the use stating cause stating cause stating cause stating cause stating causes 20. ACCIDENT 21b. TIME OF He INJURY OCCU WHILE AT INJURY	H WAS CAUSED BY: WAMEDIATE CAUSE (a) Famy. DUE TO (b). ise to (c) last. DUE TO (c). SIGNIFICANT CONDITIONS SUICIDE HOMICIDE WAS CAUSED BY:	CONTRIBUTING 21a. DESCRIBE 21a. DE	TO DEATH BUT NOT RE HOW INJURY OCCURS (e. g., in or about honest, affice bldg., etc.)	LATED TO THE TERM THE TERM TO THE TERM THE TERM TO THE	unal disease co - 2 5 e of injury in wn, or locati //- //- from the co	ONDITION GIVEN B Part I or Part ON 1956 causes and on (CATION (City, 2)	COUNTY that I le the date	ONST A SAME OF THE OF T	UTOPSY MED? NO STATE state deceased
PART I. DEAT Conditions, iv which gave rabove causes stating the use lying causes PART II. OTHER 20. ACCIDENT 21b. TIME OF IM. NJURY OCCUWHILE AT NOWORK 21. I hereby certifalive on 1 23a. DATE SIGNED 124a. BURIAL, CREMATION, REMOVAL (SE	M WAS CAUSED BY, IMMEDIATE CAUSE (a) Famy, ise to (a) famy, ise to (b). famy, ise to (b). famy, ise to (b). famy, ise to (b). SIGNIFICANT CONDITIONS SUICIDE HOMICIDE ONEr Month, Day, Year M. RRED 21d, PLA TWORK 21 attended the 1-15 23b. ADDRESS Control 24b. DATE NOV.	CONTRIBUTING 21a. DESCRIBE 21a. DE	TO DEATH BUT NOT RE HOW INJURY OCCURS (e. g., in or about honest, affice bldg., etc.) om J = 10 - that death occurred NAME OF CEMETER	LATED TO THE TERM THE TERM TO THE TERM THE TERM TO THE TERM THE TERM TO THE TERM TO THE TERM	WN, OR LOCATI from the c	ONDITION GIVEN B Part I or Part ON 1956 causes and on	City,	ONST A SAME THE CONTROL OF THE CONTR	STATE state state state state state
PART I. DEAT Conditions, in which gave re above causes stating the use stating causes PART II. OTHER 20. ACCIDENT 21b. TIME OF Ed. NUMBER AT IN NOW ORK 21c. INJURY OCCUMHILE AT IN NOW ORK 22. I hereby certifalive on 1 23a. DATE SIGNED 24c. BURIAL CREMATION, REMOVAL 188	H WAS CAUSED BY: WAS CAUSE (a)	CONTRIBUTING 21a. DESCRIBE 21a. DE	TO DEATH BUT NOT RE HOW INJURY OCCURS (e. g., in or about honest, affice bldg., etc.) om J = 10 - that death occurred NAME OF CEMETER	LATED TO THE TERM THE LEDI LENter nature THE LOCATION TO THE L	WN, OR LOCATION of 24d, LOCATOR	ONDITION GIVEN B Part I or Part ON 1956 causes and on (CATION (City, 2)	City.	ONST A SON THE CONTROL OF THE CONTRO	STATE state state state state state