

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

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED NAME 1 FRANK GRAHAM		SEX 2 M	DATE OF DEATH (Month, Day, Year) 3 7/20/92
DATE OF BIRTH (Month, Day, Year) 4 1-29-54	AGE—Last Birthday 5 38	UNDER 1 YEAR a. Mos. b. Days c. Hours d. Mins.	RACE—White, Black, American Indian, Other (Specify) 6 Black
COUNTY OF DEATH 8 New Haven	TOWN OF DEATH 9 New Haven	PLACE OF DEATH (Check One) 10 <input checked="" type="checkbox"/> Hospital: Yale New Haven Hosp. <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other	OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) 7 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY & STATE OF BIRTH (Country if not U.S.) 11 Kingston, Jamaica, W.I.	CITIZEN OF 12 USA	<input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	LAST SPOUSE // wife, give maiden name: 14
SOCIAL SECURITY NUMBER 15 043-52957A	USUAL OCCUPATION (Give kind of work done during most working life, even if retired) 16 N/A	KIND OF BUSINESS OR INDUSTRY 17	
RESIDENCE STATE 18 Connecticut	COUNTY 19 New Haven	TOWN 20 New Haven	NUMBER AND STREET 21 34 Wilson St
WAS DECEASED A VETERAN IF YES WAR 22 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE 23 Army	EDUCATION (Specify highest grade completed): 24 Primary/Secondary: 12 College: 1-4 5+	
FATHER - NAME 25 George Graham	MOTHER 26 Emily	INFORMANT - NAME 27 Emily Graham Johnson	
MAILING ADDRESS 28 27 Ethicist St New Haven CT		RELATIONSHIP TO DECEASED 29 Mother	
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30 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			10 days 12 days 1 year
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY 32 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
31 NURSE PRONOUNCEMENT TYPE OR PRINT NAME 34			DEGREE 35
SIGNATURE 36			DATE AND TIME PRONOUNCED MONTH DAY YEAR TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. 38
CERTIFICATION - PHYSICIAN I attended the deceased from 37 7/9/92	Ma. Day Year 7/20/92	AND LAST SAW HIM/HER ALIVE ON Month 7 Day 20 Year 92 38	DEATH OCCURRED On the date, and to the best of my knowledge, due to the cause(s) stated. 39
WAS CASE REFERRED TO MEDICAL EXAMINER? 40 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SURGERY RELEVANT TO CONTITION REPORTED IN ITEM 30 (Name of Operator) (Date Performed) 41	THE DECEDENT WAS PRONOUNCED DEAD: Month 7 Day 20 Year 92 Time: 3:50 A.M. 43	
CERTIFIER - NAME (type or print) 44 Dean Chang	SIGNATURE 45 Dean Chang	DEGREE OR TITLE M.D.	
MAILING - CERTIFIER 46 Yale - New Haven Hospital	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP New Haven CT 06504	DATE SIGNED (Month, Day, Year) 47 7/20/92	
BURIAL, CREMATION, REMOVAL (Specify) 48 Burial	CEMETERY OR CREMATORY - NAME 49 Evergreen Cemetery New Haven, CT	LOCATION CITY OR TOWN STATE New Haven CT	
DATE (MONTH, DAY, YEAR) 51 7-25-92	FUNERAL HOME NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 52 WADE FUNERAL HOME 95 Dixwell Ave CT	FUNERAL DIRECTOR OR EMBALMER SIGNATURE 53 Michael G. Wade	
NAME OF EMBALMER IF BODY WAS EMBALMED 54 Michael G. Wade		LICENSE NUMBER 55 1950	
THIS CERTIFICATE RECEIVED FOR RECORD ON July 28, 1992		BY REGISTRAR Michael V. Lynch	

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



IMPORTANT INSTRUCTIONS
READ CAREFULLY

PRINT LEGIBLY with a Permanent Black Record Ink.

IF NOT COMPLETED, this form should be sent to the registrar of vital statistics in the town where death occurred.

UNSHADDED AREA: to be completed by physician.

SHADDED AREA: to be completed 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 Registrar

Dated at New Haven, Connecticut, U.S.A., this 22 day of MARCH, 1999.