

ELBERT W. WELLS

MAY 1 1890

APR 27 1894

BUREAU OF VITAL STATISTICS.

State of Connecticut.

CERTIFICATE OF DEATH.

To be returned to the Registrar of the Town in which the Death occurred, as the Law directs.

I CERTIFY the following return to be correct from the best information which I can obtain:

*That his name in full was Eugene W. Whitford
 Maiden Name, if wife or widow _____
 Place of Death, No. W A Point Ct Street, _____ Ward, Town of East Windsor
 Number of Families, if tenement house _____, Duration of Disease 5 days
 Date of Death Mich 28th, Residence at time of Death W A Point Ct
 Sex Male, Color A., †Race _____, Occupation _____
 Age 4 Years, _____ Months, 27 Days.
 ‡Condition _____, if a wife or widow, Husband's Name _____
 Birthplace East Granby Town Conn. State or Country.
 Father's Name Charles A. Whitford, Mother's Name Minnie Dection
 Birthplace of Father Otis Mass, Mother Sheffield Mass
 Cause of Death, { Primary Diphtheria
 Secondary _____
 Signature of Physician, Philip A. Seiden M.D.
 Dated at W A Point Ct this 28th day of Mich. 1899

[SEE OVER.]

* Insert his or her.
 † If other than white—(A.) African. (M.) Mulatto, (I.) Indian. If other races, specify what.
 ‡ Single, Married, or Widowed.

[BE VERY PARTICULAR TO FILL ALL BLANKS.]

COPY Legal Fee \$20.00

I certify that this is a true copy of the certificate received for record, except for such information which is non-disclosable by law.

Attest: Joanne M Slater 12.27.2019
 Registrar