

PLACE OF REGISTRY

NEW YORK STATE DEPARTMENT OF HEALTH

County of Catt  
Town of Ashford  
or  
Village of West Valley  
or  
City of

Bureau of Vital Statistics

CERTIFICATE AND RECORD OF DEATH

Registered No. ....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Full Name of Deceased Frederick Bollow  
(If an infant not named give family name.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

PLACE OF DEATH Ashford

DATE OF DEATH November 13th 1912

HOW LONG RESIDENT HERE 57 yrs  
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

I HEREBY CERTIFY, that I attended deceased from Oct 25 1912 to Nov 13 1912 and that death occurred on the date stated above at 12 P.M. To the best of my knowledge and belief the cause of death was as follows:

AGE 70 YEARS 10 MONTHS 7 DAYS

CHIEF CAUSE Valvular disease of Heart

SEX Male COLOR white

U. S. OFFICE  
FEB 5 1914  
CONTRIBUTORY

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

(DURATION) ..... DAYS  
Army service in  
Rebellion (DURATION) ..... DAYS

OCCUPATION Farmer

(Signed) E. L. Fish M. D.

BIRTHPLACE STATE OR COUNTRY Germany

Nov 14 1912 (Address) West Valley

NAME OF FATHER Fred Bollow

BIRTHPLACE OF FATHER STATE OR COUNTRY Germany

MAIDEN NAME OF MOTHER May Weast

BIRTHPLACE OF MOTHER STATE OR COUNTRY Germany

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... days

Where was disease contracted, if not at place of death?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

PLACE OF BURIAL OR REMOVAL West Valley DATE OF BURIAL Nov 15 1912

(Informant) Mr Marvin Bollow

UNDERTAKER W. H. Proctor ADDRESS West Valley

(Address) West Valley n. y

MARGIN RESERVED FOR  
Write plainly  
This is a permanent record  
WILL BE RECEIVED