

## REGISTER NUMBER 30 OF DEATH

**RESIDENCE** 30

**1. NAME:** FIRST MIDDLE LAST  
**2. SEX:** MALE  FEMALE   
**3A. DATE OF DEATH:** MONTH DAY YEAR **3B. HOUR:**  
 May 10 1994 11:48

**4A. PLACE OF DEATH:** HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify)

**4B. IF FACILITY, DATE ADMITTED:** MONTH DAY

**4C. NAME OF FACILITY:** (If not facility give address) **4D. LOCALITY:** (Check one and specify) CITY OF VILLAGE OF TOWN OF  
   Gouverneur St. Lawrence

**4E. COUNTY OF DEATH:** St. Lawrence

**4F. MEDICAL RECORD NO.** **4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION?** (If yes, specify institution name, city or town, county and state)  
 NO  YES

**5. DATE OF BIRTH:** MONTH DAY YEAR **6. AGE:** IF UNDER 1 YEAR IF UNDER 1 DAY **7A. CITY AND STATE OF BIRTH:** (Country if not U.S.A.) **7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:**  
 67 yrs. Benson Mines, N.Y.

**8. SERVED IN U.S. ARMED FORCES?** NO YES (Specify years) **9. RACE:** (Black, White, etc.) **10. HISPANIC ORIGIN?** (If yes, specify)  
 NO  YES 1945-46 white  NO  YES

**11. DECEDENT'S EDUCATION:** (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (14 or 5+)

**12. SOCIAL SECURITY NUMBER:** **13. MARITAL STATUS:** NEVER MARRIED MARRIED OR SEPARATED WIDOWED DIVORCED **14. SURVIVING SPOUSE:** (If wife, provide maiden name)

**15A. USUAL OCCUPATION:** (Do not enter retired) **15B. KIND OF BUSINESS OR INDUSTRY:** **15C. NAME AND LOCALITY OF COMPANY OR FIRM:**  
 Electrician Mining Gouverneur Talc Co., Gouverneur

**16A. RESIDENCE, STATE:** **16B. COUNTY:** **16C. LOCALITY:** (Check one and specify) CITY OF VILLAGE OF TOWN OF **16F. IF CITY OR VILLAGE RESIDENCE WITHIN C VILLAGE LIMITS, YES IF NO, SPECIFY TOWN:**  
 N.Y. St. Law.    Gouverneur

**16D. STREET AND NUMBER OF RESIDENCE:** **16E. ZIP CODE:**  
 27 Dexter Street 13642

**17. NAME OF FATHER:** FIRST MI LAST **18. MAIDEN NAME OF MOTHER:** FIRST MI LAST

**19A. NAME OF INFORMANT:** **19B. MAILING ADDRESS:** (Include zip code)  
 1 27 Dexter St., Gouverneur, N.Y. 13642

**20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:** (Specify) MONTH DAY YEAR **20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:** **20C. LOCATION:** (City or town and state)  
 Burial May 13 1994 E. Riverside Cemetery Gouverneur, N.Y.

**21A. NAME AND ADDRESS OF FUNERAL HOME:** **21B. REGISTRATION NUMBER:**  
 Green Funeral Home Inc., 33 Park St., Gouverneur, N.Y. 00801

**22A. NAME OF FUNERAL DIRECTOR:** **22B. SIGNATURE OF FUNERAL DIRECTOR:** **22C. REGISTRATION NUMBER:**  
 John V. Green *John V. Green* 02069

**23A. SIGNATURE OF REGISTRAR:** **23B. DATE FILLED:** MONTH DAY YEAR **24A. BURIAL OR REMOVAL PERMIT ISSUED BY:** **24B. DATE ISSUED:** MONTH DAY YEAR  
*Sheryl E. Edmonds* May 13 94 *Sheryl Edmonds* May 13

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINE

**25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.** SIGNATURE: *Sheryl E. Edmonds* MONTH DAY YEAR **25B. THE PHYSICIAN ATTENDED THE DECEASED** **25C. LAST SEEN ALIVE:** MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR  
 FROM TO 5 11 94 5 11 94

**25D. NAME OF ATTENDING PHYSICIAN:** **25E. ATTENDING PHYSICIAN LICENSE NUMBER:** **25F. MFCOR, PHYS. LICENSE NUMBER:**  
 Dr. Robert L. Zaf... 126123

**26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A:** **27. MANNER OF DEATH:** HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION **28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER?** **29A. AUTOPSY?** **29B. IF YES, WERE FINDINGS TO DETERMINE CAUSE OF DEATH?**  
 Dr. Robert L. Zaf... Hospital Gouverneur NY 13642  HOMICIDE  SUICIDE  UNDETERMINED CIRCUMSTANCES  PENDING INVESTIGATION  NO  YES  NO  YES  NO  NO

**29. DEATH INVESTIGATION:** (SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH) **CONFIDENTIAL**  
 APPROXIMATE INT. BETWEEN ONSET AND DEATH

**30. IMMEDIATE CAUSE:** **31. UNDERLYING CAUSE:** **32. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):**  
 Cardiorespiratory arrest  
 Cancer Lung & Pleura  
 Occupational Lung disease  
 Cancer Cachexia; CHF

**31A. IF INJURY, DATE:** MONTH DAY YEAR **31B. LOCALITY:** (City or town and county and state) **31C. DESCRIBE HOW INJURY OCCURRED:**

**31D. PLACE:** **31E. AT WORK?** NO YES **32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS?** NO YES **33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS?** NO YES **33B. DATE OF DELIVERY:** MONTH DAY

**NAME OF DECEDENT:** For use by physician or institution

DOH-1961 (1/91)

CR11DRO1F016  
 833  
 WES003052

EXHIBIT 9