DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-09-052337

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEMBER 31, 2009 04:19 PM

1. DECEDENT'S LEGAL NAME AMY Viola TAPPER (First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

Place Of Death	2a. New York City / 2b. Borough	2c. Type of Place	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	Bronx	1 ☐ Hospital Inpatient; 2 ☐ Emergency Dept./Outpatient; 3 ☐ Dead on Arrival; 4 ☐ Nursing Home/Long Term Care Facility; 5 ☐ Hospice Facility; 6 ☒ Decedent's Residence; 7 ☐ Other Specify	1 ☒ Yes 2 ☐ No 3 ☐ Unknown	683 E 220th Street Bronx, New York 10467

Date and Time of Death	3a. (Month)	(Day)	(Year-yyyy)	3b. Time	4. Sex	5. Date last attended by a Physician mm	dd	yyyy
	December	25	2009	07:29 ☒ AM ☐ PM	Female	12	24	2009

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. **See instructions on reverse of certificate.**

Name of Physician Theodore Kutzy MD (Type or Print) Signature Theodore Kutzy ☒ M.D.

Address 4350 Van Cortlandt Park E, Bronx, New York 10470 Signature Electronically Authenticated License No. 234789 Date DEC-28-2009

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code	7e. Inside City Limits?
New York	Bronx	Bronx	683 E 220th Street		10467	1 ☒ Yes 2 ☐ No

8. Date of Birth (Month)	(Day)	(Year-yyyy)	9. Age at last birthday (years)	Under 1 Year Months 2	Days 3	Under 1 Day Hours 4	Minutes 5	10. Social Security No.
April	18	1923	1 86					107-26-9360

11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")	11b. Kind of business or industry	12. Aliases or AKAs
Macy's Executive	Retail	

13. Birthplace (City & State or Foreign Country)	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)
Ulster Spring, Trelawny, Jamaica	1 ☐ 8th grade or less; none 2 ☐ 9th – 12th grade; no diploma 3 ☒ High school graduate or GED 4 ☐ Some college credit, but no degree 5 ☐ Associate degree (e.g., AA, AS) 6 ☐ Bachelor's degree (e.g., BA, AB, BS) 7 ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. Ever in U.S. Armed Forces?	16. Marital/Partnership Status at time of death	17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)
1 ☐ Yes 2 ☒ No	1 ☐ Married 2 ☐ Domestic Partnership 3 ☐ Divorced 4 ☐ Married, but separated 5 ☐ Never Married 6 ☒ Widowed 7 ☐ Other, Specify 8 ☐ Unknown	*** ***

18. Father's Name (First, Middle, Last)	19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
Charles McFarlane	Euphemia Reid

20a. Informant's Name	20b. Relationship to Decedent	20c. Address (Street and Number Apt. No. City & State ZIP Code)
Donna-Marie Wright	Niece	190 Vernon Avenue, Brooklyn, New York 11206

21a. Method of Disposition	21b. Place of Disposition (Name of cemetery, crematory, other place)
1 ☒ Burial 2 ☐ Cremation 3 ☐ Entombment 4 ☐ City Cemetery 5 ☐ Other Specify	Mount Hope Cemetery

21c. Location of Disposition (City & State or Foreign Country)	21d. Date of Disposition mm	dd	yyyy
Hastings-on-Hudson, New York	01	08	2010

22a. Funeral Establishment	22b. Address (Street and Number City & State ZIP Code)
Granby's Funeral Service, Inc.	4021 White Plains Road, Bronx, New York 10466

Decedent-Place Of Birth City- formerly St. Elizaberh; approved by Deputy City Registrar J. Barnswell on Jan-15-2010;

VR 15 (Rev. 01/

The City of New York

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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DATE ISSUED **January 21, 2010 Order No. 20100109882**

Steven P. Schwartz

Steven P. Schwartz, Ph.D., City Registrar

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