New York State Department of Health
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 970

1 PLACE OF DEATH (District No. 1401)
COUNTY OF ERIE
CITY OF BUFFALO (No. 851 Busti Ave. St.; 26 Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME Frank W. Joslyn
3 Residence No. 851 Busti Ave. St.; 26 Ward.
(Usual place of abode) (If nonresident, give city or town and state)
4 Length of residence in district where death occurred: Years 3 Months Days
5 How long in U. S., if of foreign birth? Years Months Days

PERSONAL AND STATISTICAL PARTICULARS

6 SEX: male
7 COLOR OR RACE: White
8 Single, Married, Widowed, or Divorced (Write the word): married
8a IF MARRIED, WIDOWED OR DIVORCED Husband of (or) Wife of: Mary Brennan
9 DATE OF BIRTH (month, day and year): Aug. 25, 1879
10 AGE: Years 58 Months 5 Days 13 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
11 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
12 Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Coal Broker
13 Date deceased last worked at this occupation (month and year): Jan. 1937
14 Total time (years) spent in this occupation: 35 yrs

15 BIRTHPLACE (City or Town) (State or Country): Buffalo New York

FATHER
16 NAME: Chauncey Joslyn
17 BIRTHPLACE (City or Town) (State or Country): Buffalo New York

MOTHER
18 MAIDEN NAME: Ellen Maloney
19 BIRTHPLACE (City or Town) (State or Country): Buffalo New York

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature of informant): Mary E. Joslyn
(Address): 851 Busti Ave

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation - Forest Lawn
DATE OF BURIAL: Feb. 13, 1938

22 UNDERTAKER (License No.) (Signature): 292 Thomas J. Kelly
ADDRESS: 2850 Main St.

23 Filed ____, 19__ [illegible] Registrar

Burial or Transit: Permit issued by W. E. Ellis Date of Issue ____
THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day and year): February 11, 1938.
25 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to Feb. 11, 1938.
I last saw h[illegible] alive on February 10, 1938.
To the best of my knowledge, death occurred on the date stated above, at 12.35 A. m.

CAUSE OF DEATH*

		Duration of Condition: Yrs.	Mos.	Dys.
	Hem. plegia - Left. arterial			1
CONTRIBUTORY CAUSE	Cerebral Sclerosis			
(a)	Arteriosclerosis - Renal			
(b)	Myocarditis - Senile			
(c)	Chr. Interstitial Nephritis - Senile			
(d)	(131)			

26 Where was disease contracted, or injury sustained? ____
27 Name of operation, if any: None Date: —
Condition for which performed: —
Organ or part affected: —
28 What laboratory test assisted diagnosis? Blood Count - Chemistry - Urinalysis
29 Was there an autopsy? No
(Signed) Richard N. DeRoad, M.D.
2/11, 1938 (Address) 212 Linwood Ave
*See reverse side for instructions

Form VS 60b. 8-14-35-25,000 (17-1379)
N.B.—WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2/12/38 Burial at Forest Lawn 2/13/38.