

STATE OF NEW YORK 1134588

REPORT OF DEATH

SEE PENALTY FOR NON-REPORT.

Fill in last, and where possible, especially names

1. Full name of deceased *Daphne Reider*
(If an infant give name of father and give sex)

2. Age *19* years *0* months *0* days *0* hours.

3. Color *W* Occupation *Sydney Ave*

4. Single, ~~married~~ (Cross out all but the right one.)

5. Birthplace *W*
(State or country.)

6. Last place of residence *W*
(If a city, give name; if occ. give county and township.)

7. How long resident in *W* *lifetime*

8. Place of death *Roberson N.Y.*
(If in a city, give name, street and number; if in township, give name and county; if in an institution, give name.)
347 6 ave

9. Father's name *Ernest Reider*

Country of birth *W*

10. Mother's name *Fredricka Reider*

Country of birth *Ger*

11. I hereby certify that I attended the deceased during the last illness, and that *she* died on the *26* day of *Sept* 190*3*

deat

Length of sickness *about 1 yr* See over and add particulars.

Russ Reider Medical Attendant.

Residence *55 Hamilton Ave*

Name of Undertaker *Wm J Keller*

Residence of Undertaker *432 W 11th St*

Place of burial *Holy Sepulchre*

