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State of New York
 Department of Health
 State of New York

DEPARTMENT OF HEALTH VITAL RECORDS THE CITY OF NEW YORK

2242 1st Avenue New York NY
 226 ADDRESS

ROSEMOUNT CEMETERY
 218 NAME OF CEMETERY OR CREMATOR
 ELIZABETH, NEW YORK
 219 LOCATION (City, Town, Village, County)
 217 DATE OF BURIAL OR CREMATION FEBRUARY 9, 2002

SIR DEVER RAUL HALL CHANE
 209 NAME OF INFORMANT
 HUSBAND
 208 RELATIONSHIP TO DECEASED
 207 ADDRESS 107 WEST 86th STREET N.Y. N.Y.
 206 ADDRESS (City) (State) (Zip)

WILLIAM WYLDE-WATSON
 19 NAME OF FATHER OF DECEDENT
 AGNES JANE MARGRANT
 18 MAIDEN NAME OF MOTHER OF DECEDENT

LONDY HALL CHANE
 17 Other name(s) by which decedent was known

LONDON ENGLAND
 15 Education (Specify only higher grade attending)
 14 Occupation (Specify kind of work done during most of working life, do not abbreviate)
 13 Birthplace (City & State or Foreign Country)

ENTERPRISER
 12a Social Security No. 081-38-775

AUGUST 20 1918
 11 Date of birth (Month) (Day) (Year)
 12 Age at last birthday Under 1 year 1 year 1 year 2 years 2 years 3 years 3 years 4 years 4 years 5 years 5 years 6 years 6 years 7 years 7 years 8 years 8 years 9 years 9 years 10 years 10 years 11 years 11 years 12 years 12 years 13 years 13 years 14 years 14 years 15 years 15 years 16 years 16 years 17 years 17 years 18 years 18 years 19 years 19 years 20 years 20 years 21 years 21 years 22 years 22 years 23 years 23 years 24 years 24 years 25 years 25 years 26 years 26 years 27 years 27 years 28 years 28 years 29 years 29 years 30 years 30 years 31 years 31 years 32 years 32 years 33 years 33 years 34 years 34 years 35 years 35 years 36 years 36 years 37 years 37 years 38 years 38 years 39 years 39 years 40 years 40 years 41 years 41 years 42 years 42 years 43 years 43 years 44 years 44 years 45 years 45 years 46 years 46 years 47 years 47 years 48 years 48 years 49 years 49 years 50 years 50 years 51 years 51 years 52 years 52 years 53 years 53 years 54 years 54 years 55 years 55 years 56 years 56 years 57 years 57 years 58 years 58 years 59 years 59 years 60 years 60 years 61 years 61 years 62 years 62 years 63 years 63 years 64 years 64 years 65 years 65 years 66 years 66 years 67 years 67 years 68 years 68 years 69 years 69 years 70 years 70 years 71 years 71 years 72 years 72 years 73 years 73 years 74 years 74 years 75 years 75 years 76 years 76 years 77 years 77 years 78 years 78 years 79 years 79 years 80 years 80 years 81 years 81 years 82 years 82 years 83 years 83 years 84 years 84 years 85 years 85 years 86 years 86 years 87 years 87 years 88 years 88 years 89 years 89 years 90 years 90 years 91 years 91 years 92 years 92 years 93 years 93 years 94 years 94 years 95 years 95 years 96 years 96 years 97 years 97 years 98 years 98 years 99 years 99 years 100 years 100 years

DEVER HALL CHANE
 10 Name of Surviving Spouse (If any, give maiden name)
 9 Marital Status (Check One)
 1 Married 2 Never Married 3 Widowed 4 Divorced 5 Separated

NEW YORK NY
 7 Usual Residence 7b County 7c City, Town or Location
 8 Street & House No. 107 WEST 86th STREET
 9 State, County, City, and Zip

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

Name of Physician
 Address
 Telephone No.

Witness my hand this _____ day of _____ 2002
 I, _____
 do hereby certify that the death did not occur in any unusual manner and was due entirely to natural causes. See first instruction on reverse of certificate.
 on (month) (day) (year) 01-20-2002
 at (month) (day) (year) 08-20-1918
 and last seen alive at 2 P.M.

6. I HEREBY CERTIFY THAT (Check One)
 I attended the deceased
 A full physician of this institution attended the deceased

7. Date and Hour of Death (Month) (Day) (Year) 01-20-2002
 8. AM. PM. 2 45 P.M.
 9. APPROXIMATE AGE 63
 10. SEX Female
 11. PLACE OF DEATH (If hospital, give name of hospital; if other facility, give name of facility) 21 BOROUGH
 12. PLACE OF NEW YORK CITY

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

NAME OF DECEASED
 (First Name) (Middle Name) (Last Name)
 WATSON ET AL

DATE FILED
 01-FEB-9 2002

CERTIFICATE No. 156-02-006749

DEATH TRANSCRIPT

VITAL RECORDS CERTIFICATE

ROSEMOUNT MEMORIAL PARK

1109 Neck Lane, Elizabeth, NJ 07201

Toll Free: 800-839-6871 - Fax: 973-824-7258

I hereby certify that Margaret Hall-Caine was cremated at Rosemount Memorial Park under the observance of all legal requirements on the 12th day of February, 2002.

The date of death was February 08, 2002.

Place: 107 W. 86th Street

Age: 83 Sex: Female Mortuary: New York Mortuary Service

Signed:

Michelle L. Farris
Administrator