(15)

9B

Legal Fee $ 5.00

CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH
Public Health Statistics Section – Hartford, Connecticut U.S.A.

Certified Copy of Death Record

State of Connecticut

BUREAU OF VITAL STATISTICS

COPY 37

Medical Certificate of Death

1. Full name of deceased: John C. Eddy
2. Primary cause of death: Prostatic Hypertrophy — 3. Duration: yrs. days min.
4. Secondary or contributory: Pulmonary embolus — 5. Duration: 30 days

Remarks:

I Certify that I attended the deceased in h is last illness, and that the cause of death was as above stated.

Signature: Thomas N. Hepburn
Capacity in which he signs

Dated: November 18th, 19 24. Address: #179 Allyn St, Hartford.

Undertaker's Certificate

PERSONAL AND STATISTICAL

1. Full name of deceased: John C. Eddy
2. Place of death—Town: Hartford, Conn. No. Hartford Hospital Street, Ward (If death occured in a hospital or institution, give its name instead of street and number)
3. Number of families in house:
4. Residence at time of death: Simsbury, (Town) Connecticut. (State or Country)
5. Occupation: Farmer
6. Condition (state whether single, married, divorced or widowed): Widowed
7. If wife or widow, give name of husband:
8. Date of death—year: 1924, month: November, day: 24
9. Date of birth—year: 1853, month:, day:
10. Age: 71 years, months, days
11. Sex: Male
12. Color: White
13. Birthplace—Town: Brunswick State or Country: New York
14. Father's name in full: John Eddy
15. Father's birthplace—Town: State or Country:
16. Mother's maiden name: Mary Collins
17. Mother's birthplace—Town: Brunswick State or Country: New York
18. Place of Burial: Simsbury, Connecticut. Cemetery: Center
19. Name of informant: Mr. E. Eddy Address: Simsbury, Connecticut.
20. Was body embalmed: yes If so, name of embalmer: E. Charbonneau License No. 626

Signature of Undertaker (or person in charge): Htfd Burial Case Co. Address: #29 Allyn Street, Hartford, Conn.

Attest, Florence S. Connelly, Asst. Registrar.

I certify that this is a true transcript of the information on the Death record as recorded in this office.

Legal Fee $ 5.00

(17)

9E

CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH
Public Health Statistics Section – Hartford, Connecticut U.S.A.

Certified Copy of Death Record

State of Connecticut

BUREAU OF VITAL STATISTICS

Medical Certificate of Death

1. Full name of deceased (Mrs.) Ida M° Chesney Eddy
2. Primary cause of death * Pulmonary Tuberculosis 3. Duration 4 yrs days
4. Secondary or contributory 5. Duration days

Remarks

I certify that I attended the deceased in h[illegible] last illness, and that the cause of death was as above stated.

Signature John C. Eddy md Capacity in which he signs

Dated June 20 1924 Address Simsbury Ct

* See other side

Undertaker's Certificate

PERSONAL AND STATISTICAL

1. Full name of deceased Mrs Ida Mc Chesney Eddy
2. Place of death—Town Simsbury No. Street, Ward (If death occurred in hospital or institution, give its name instead of street and number)
3. Number of families in house One
4. Residence at time of death Simsbury Town Connecticut State or Country
5. Occupation * Retired Housewife
6. Condition (state whether single, married, divorced or widowed) Married
7. If wife or widow, give name of husband John C. Eddy
8. Date of death—year 1924, month June, day 18
9. Date of birth—year 1856, month March, day 28
10. Age 68 years, 2 months, 20 days
11. Sex Female
12. Color White
13. Birthplace—Town Pittstown Rensselaer County State or Country New York
14. Father's name in full Edward McChesney
15. Father's birthplace—Town Pittstown State or Country New York
16. Mother's maiden name Antionette Dayton
17. Mother's birthplace—Town Pittstown State or Country New York
18. Place of Burial Simsbury Cemetery Center cemetery
19. Name of Informant John C. Eddy Address Simsbury
20. Was body embalmed Yes If so, name of embalmer Charles H Vincent License No. 394

Signature of Undertaker (or person in charge) Charles H Vincent Address Simsbury

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

I certify that this is a true transcript of the information on the Death record as recorded in this office.

Attest: Kendra Ballyguest Assistant Registrar of Vital Statistics

Dated: Oct 3, 2006 Town of Simsbury

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL

Form VS-15-C

BIRTHS & BAPTISMS
1ST PRESBYTERIAN CHURCH
BRUNSWICK, NY

Researched and compiled
by
Barbara Jeffries

Parents----------Child----------Date of event

**********Luther & Olive Eddy - Elisha Wells - b. 27 Jun 1826
John & Mary Feathers -Jane -b. 13 Oct 1826
Philip H. & Susannah Conradt -Elisha -b. 26 Mar 1827
Reuben & Zuriah Towle/o -Daniel Freeman -bpt 8 May 1827
ditto -Mary Avery - bpt 8 May 1827
Sauiel B. & Esther Davis -Esther -b. 25 Nov 1820
ditto -Lydia ann -b. 11 Jun 1823
ditto - Lucia Maria - b. 6 aug 1825
ditto - Aaron - b. 19 Jul 1819
Alexander & Catharine Dowing -Anna Margaret -b. 5 Dec 1826
Philip & Mary Dater -Samuel Henry - bpt 30 Sep 1827
ditto -Mary Elizabeth -bpt 30 Sep 1827
ditto -John Younglove -b. 18 May 1827
ditto -Ammelia - b. 02 Apr 1824
**********Luther & Olive Eddy -John Sherman - b. 16 Oct 1828
Philip & Mary Dater -Philip Edwin - b. 4 Apr 1829
Samuel B. & Esther Davis -Mary Younglove -b. 24 Jul 1828
J. B. & Mary Goodrich -Charles Rush - b. 16 Mar 1828
Philip & Susanna Coonradt -Rachael - bpt Jun 1830
Peter & Catharine Simmons -Martin Wendel -bpt 28 Mar 1830
Jonas C. & Christine McChesney Elizabeth -b. 4 Sep 1826
ditto -Edward -b. 26 Feb 1828
Alexander & Eliza Cropsey -Gilbert -b. 30 May 1830
Israel & Eliza Towle -Albert - bpt 14 Feb 1831
ditto -Almondniah - ditto
ditto -Henry - ditto
ditto -Adeline - ditto
ditto -Israel - ditto

(12)

8B

Legal Fee $ 5.00

CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH
Public Health Statistics Section – Hartford, Connecticut U.S.A.

Certified Copy of Death Record

166

State of Connecticut — Bureau of Vital Statistics

Medical Certificate of Death

1. Full name of deceased John S. Eday
2. Primary cause of death Cirrhosis of Liver 3. Duration 3 Yrs days
4. Secondary or contributory Softening of Brain Old age 5. Duration 1½ yrs days

Remarks

I hereby Certify that I attended the deceased in his last illness, and that the cause of death was as above stated.

Signature John P. Carver MD
Capacity in which he signs

Dated July 12th 1915 Address Simsbury Conn

Undertaker's Certificate — Personal and Statistical

1. Full name of deceased John Sherman Eady
2. Place of death—Town Simsbury No. Rice House Street Ward
3. Number of families in house Two
4. Residence at time of death Same
   Town State or Country
5. Occupation Farmer
6. Condition (state whether single, married, divorced or widowed) Widower
7. If wife or widow, give name of husband
8. Date of death—year 1915, month July, day 11
9. Date of birth—year 1828, month October, day 15
10. Age 86 years, 8 months, 24 days
11. Sex Male
12. Color White
13. Birthplace—Town Farmington State or Country N. Y.
14. Father's name in full Luther Eady
15. Father's birthplace—Town State or Country R. I.
16. Mother's maiden name Olive Rice
17. Mother's birthplace—Town State or Country R. I.
18. Place of burial Westview Cemetery
19. Name of informant L. D. Eady Address Simsbury Conn
20. Was body embalmed Yes If so name of embalmer Charles A. Vincent License No. 274

Signature of Undertaker [or Person in charge] Chas A. Vincent Address Simsbury Conn

Write plainly with black unfading ink. This is a permanent record. Every item of information should be carefully supplied.

I certify that this is a true transcript of the information on the Death record as recorded in this office.

Attest: Kendra Dallgurst Assistant Registrar of Vital Statistics

Dated: Oct. 3, 2006 Town of Simsbury

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL

Form VS-15-C

(14)

Legal Fee $ 5.00

8E

CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH
Public Health Statistics Section – Hartford, Connecticut U.S.A.

163

State of Connecticut — Bureau of Vital Statistics

Medical Certificate of Death

1. Full name of deceased Mrs Mary T C Eddy
2. Primary cause of death La Grippe — 3. Duration 5 days
4. Secondary or contributory Hypostatic Pneumonia — 5. Duration 3 days

Remarks

I hereby Certify that I attended the deceased in her last illness, and that the cause of death was as above stated.

Signature John P Currier MD — Capacity in which he signs

Dated Jan 9th 1917 — Address Simsbury Ct

Undertaker's Certificate — Personal and Statistical

1. Full name of deceased Mary Elizabeth Collins Eddy
2. Place of death—Town Simsbury — No. — Street — Ward [If death occurred in a hospital or institution, give its name instead of street and number]
3. Number of families in house One
4. Residence at time of death Same — Town — Same — State or Country
5. Occupation Retired Housekeeper
6. Condition (state whether single, married, divorced or widowed) Widow
7. If wife or widow, give name of husband Asa Gill Eddy
8. Date of death—year 1916 month June, day 3rd
9. Date of birth—year 1829 month July, day 16th
10. Age 87 years, 11 months, 25 days
11. Sex Female
12. Color White
13. Birthplace—Town Brunswick — State or Country N.Y.
14. Father's name in full Mr Robert Collins
15. Father's birthplace—Town Rhode Island — State or Country
16. Mother's maiden name Lucretia Mason
17. Mother's birthplace—Town Rhode Island — State or Country
18. Place of burial Simsbury Ct — Cemetery Center
19. Name of informant Mrs Lot Cobb — Address Simsbury
20. Was body embalmed Yes — If so name of embalmer Gilbert Funeral Co — License No. 317

Signature of Undertaker [or Person in charge] Gilbert H Grant — Address Simsbury Ct

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.

I certify that this is a true transcript of the information on the Death record as recorded in this office.
Attest: Kendra DeMeuse — Assistant Registrar of Vital Statistics
Dated: Oct. 3, 2006 — Town of Simsbury
NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL

Form VS-15-C