

DECEASED—NAME Cynthia Ann Layden			SEX F	(STATE FILE NUMBER)	
DATE OF BIRTH (MONTH DAY YEAR) Apr. 21, 1963	RACE — WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE — LAST BIRTHDAY (YEARS) 24	UNDER 1 YEAR MOSE	UNDER 1 DAY DAYS	DATE OF DEATH (MONTH, DAY, YEAR) 7-7-87
COUNTY OF DEATH Fairfield	TOWN OF DEATH Danbury	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP OR INST INDICATE DOA, OP/EMER, PM, INPATIENT (Specify) 18 Oakland Ave.			
CITY & STATE OF BIRTH (Country if not U.S.) Norwalk, Conn.	CITIZEN OF (Country) U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, LEGALLY SEPARATED Never Married	LAST SPOUSE (If wife, give maiden name) -----		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) None	KIND OF BUSINESS OR INDUSTRY None			
RESIDENCE—STATE Connecticut	COUNTY Fairfield	TOWN Danbury	STREET & NUMBER 110 Long Ridge Road		
WAS DECEASED A VETERAN? (SPECIFY YES OR NO) No	IF YES, GIVE WAR -----	UNIT OR SHIP -----			
FATHER — NAME James Layden		MOTHER — MAIDEN NAME Carolyn Stabell			
INFORMANT — NAME Mrs. Carolyn Layden		MAILING ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP) 110 Long Ridge Rd.-Danbury, Ct. 06810			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE Acute and chronic intravenous narcotism <del>Pending further study.</del>					
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST					
					7-7-87
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
Acute ethanol intoxication					7-7-87
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) undetermined	DATE OF INJURY (MONTH, DAY YEAR) FD 7-7-87	HOUR P. M.	HOW INJURY OCCURRED injection	ENTER NATURE OF INJURY PART I (OR PART II, ITEM 28)	INJURY AT WORK (SPECIFY YES OR NO) No
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY) Home	LOCATION (STREET OR RFD NO CITY OR TOWN STATE ZIP) 18 Oakland Ave., Danbury, Ct.		SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 28 (Name of operation) (Date performed)		
CERTIFICATION — MEDICAL EXAMINER: IN MY OPINION, ON THE DATE AND ONE TO THE CAUSES STATED, DEATH RESULTED OR DECEASED WAS FOUND DEAD ON OR ABOUT 7-7-87		HOUR OF DEATH A. M.			
CERTIFIER—TITLE <input type="checkbox"/> CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSOCIATE MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> PATHOLOGIST		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 7 - 7 - 87		HOUR 7:35 A. M.	
OFFICE OF THE CHIEF MEDICAL EXAMINER, PO Box 427, Farmington, Ct. 06034		DATE SIGNED (MONTH DAY YEAR) 7-7-87		M.E. CASE NO. 87-06203	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY — NAME Wooster Cemetery		LOCATION CITY OR TOWN STATE Danbury, Connecticut		
DATE (MONTH, DAY YEAR) July 14, 1987	FUNERAL HOME — NAME AND ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP) The W.F. Tomlinson Co.-336 Main St.-Danbury, Ct. 06810				
FUNERAL DIRECTOR OR EMBALMER — SIGNATURE William F. Trimpert	NAME OF EMBALMER IF BODY WAS EMBALMED William F. Trimpert		LICENSE NUMBER 1626		
THIS CERTIFICATE RECEIVED FOR RECORD ON July 10, 1987		BY Michael R. Ferris REGISTRAR			

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

Attest: *Gene J. St. Conrad* Registrar of Vital Statistics

Dated *Sept. 10, 1987* Town of *DANBURY*

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL