STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICE						ATH		Corre	hotod	by medical	
DECEASED-NAME	<u> </u>	OFFI(		HE CHIEF	MEDIC	AL EXA				9-8-87	
Cynthia		Ann		Layden			F		-		
				- LAST	UNDER	YEAR ?	UNDER	I DAY		EILE AUMBER	
Apr.21,1963	RACE - WHITE NE	te		DAY (YEARS)	MOS	DAYS	HOURS	MIN	7-7-	P.5.	
OUNTY OF DEATH	TOWN OF DEATH				HER INSTIT	UTION	NAME OF NOT IN	EITHER, GIVE S	TREET AND NU	RAPATIENT (Specify)	
Fairfield **	Danbu	ry	·		ıkland			. Jak	mark 3		
CITY & STATE OF BIRTH (Country if not US)	•	CITIZEN OF (Correy)	MAR	RIED, NEVER	MARRIED,	MIDOWED		LAST SPOL	ISE(# =rio. gara	marden neme (	
, Norwalk, Conr	1.	" U.S.A		Nev	er Ma	arri	ed				
SOCIAL SECURITY NUMBER	USUAL OCCUPATION WORKING LIFE, EVEN		K DONE DURING	MOST OF		KINO	OF BUSINE				
A PECIDENCE CTATE	Is None				NOTE N STREET & NUMBER						
Connecticut	Fairf	ield		bury		1		•	lidoe	Road	
7	IF YES, GIVE WAL		16				OR SHIP				
SPECIFY YES OR NO!						_		_			
FATHER - NAME FIRST		IDDLE L	AST	MOTHE	A - MAIDE	N NAME		IRST	MODE	t LAST	
" Jame	)S	La	yden	25			Ca:	calyr	ì	Stabell	
INFORMANT - NAME			MAILI	NG ADDRESS						C+ 0004	
Mrs. Carolyn	Layden	 <del> </del>		IU LO	ng K.	rage	ка	-vano	ury,	Ct. 06810	
PART I. DEATH WAS CAUSED BY: (ENT		USE PER LINE FOR	(a), (b), ANO	(c)				-1	٠	APPROMINATE INTERVAL BETWE OMBET AND DEATH	
	ACU!	te and ch	ronic	intra	venou	s na	rcotis	sm	i şar		
1978)	errererer	urther si	miy_							<del></del>	
CONDITIONS, IF ANY WHICH CAVE RISE TO INMEDIATE CAUSE (a). STATING THE LINDSRYING CAUSE LAST. (b)	DIFFICH SCHOOL BEIN	35. <b>4</b> *									
CAUSE (a) STATING THE LINDERLYING CAUSE LAST (b)	CARCALE SON							<del></del>		<del></del>	
							77	7 07			
PART II. OTHER SIGNIFICANT CONDIT	IONS: CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	ATED TO CAUSE O	HYEN IN PART I	(a)		7-87 AUTOPS	Y IF YE	S WE'RE FINDINGS CONSIDERED FERMINING CAUSE OF DEATH	
Acute ethanol i	ntxicat	ion						yes	30	yes	
ACCIDENT, SUICIDE, HOMICIDE, DAT OR UNDETERMINED (SPECIFY)	E OF INJURY INO	NTH, DAY YEAR)	HOUR	۲	RUUNI WOI	OCCUR	IED g	ART I OR PART II	TEM 28	INJURY AT WORK	
undetermined	FD 7-7-		33	P. u ,	·	inje	ction	·		36 NO_	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY)	LOCATIO	ON ISTREET OR RED NO	CITY OF TOWN	STATE ZIPI			SURGERY I	RELEVANT T	O CONDITIO	IN REPORTED IN ITEM 28 He purformed)	
Home		Oakland		Danbu			38	ED DEAD			
CERTIFICATION — MEDICAL EXAMINER DUE TO THE CAUSES STATED DEATH RESULTED OR ON OR ABOUT		NO DEAD				MONTH		DAY	YEAR	HOUR	
M /	7-7-87			A w   «	3				87	7•35 A 🐱	
CENTIFIEN							STATE OF	CONNECTICUT		CASE NO.	
ि स्मार	DEPUTY CHIEF	ASSOCIATE MEDICAL ERAMIN	EA ME	ASSISTANT DICAL EXAMMER		04 0L0G/87	STATE OF	CONNECTICUT	AMINER M.E	CASE NO.	
CHEF X MEDICAL EXAMINER X ME	DEPUTY CHIEF DICAL EXAMINER		EA ME				STATE OF	CONNECTICUT HEF MEDICAL EX	AMINER M.E		
MEDICAL EXAMINER WE ME	Carver	II. M.D.	SIGNATI		PATH	01.00:57	To and	<u> </u>	AMINER M.E	CASE NO.	
4. CHEFT WEDICAL EXAMINER WEDICAL EXAMINER CERTIFIER - NAME (TYPE OR PRINT)  H. Wayne	Carver	II. M.D.	SIGNATI		PATH	01.00:57	To and	<u> </u>	AMINER M.E	CASE NO 87-06203	
MEDICAL EXAMINER MEDICA	Carver	II, M.D.	SIGNATURA PI		427 , F	ologist Parmi	08634	<u> </u>	Alanner M.E	CASE NO 87 – 06203	
MEDICAL EXAMINER MEDICA	Carver  ELORATE MODIC  CEMETERY OR	II, M.D. al Examin	SIGNATE P	0 36x	427, E	ologist Parmi	BE 534	G DATE S	AMMER M.E	CASE NO 87 – 06203  TH DAY YEAR)  37	
MEDICAL ERAMINER MEDICA	Carver	II, M.D. al Examin	SIGNATURE PI	0 26 x	427, E	armi	08634	G DATE S	AMMER M.E	CASE NO  87-06203  TH DAY YEAR)  37  STAYE  LL	
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