

CERTIFIED TRANSCRIPT OF DEATH
STATE OF NEW YORK
DEPARTMENT OF HEALTH



NAME: Patrick Regan

SEX: Male

DATE OF DEATH: October 10, 1923

DISTRICT NO.: 5966

PLACE OF DEATH: (Street & No.) n/a

INDEX NO.: 09

DATE OF BIRTH: June 20, 1835

AGE: 87

PLACE OF BIRTH: Ireland

SERVED IN US ARMED FORCES (Years) n/a

MARITAL STATUS: Married

OCCUPATION: Farmer

FATHER'S NAME: Martin Regan

MOTHER'S MAIDEN NAME: Annie Lavery

CERTIFYING PHYSICIAN OR CORONER: Dr. J. C. Mac Phaile

MANNER OF DEATH: Thrombosis Coronary Artery

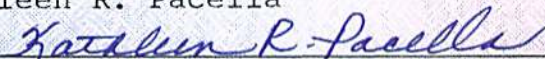
FUNERAL HOME: William H. Clark, Katonah, N. Y.

PLACE OF BURIAL: St. Joseph Cemetery, Somers, N. Y.

DATE FILED: October 15, 1923

This is to certify that the information concerning the death of the above named person is a true and accurate transcription of the information recorded on the original local certificate of death on file with the local registrar of Somers, N. Y., New York.

Name of Locality
Kathleen R. Pacella


Signature of Local Registrar

DATE March 29, 2011

Do not accept this transcript unless the raised seal of the issuing locality is affixed thereon.

Any Alteration Invalidates This Certificate

See Reverse Side For A List of Security Features Used In This Form

