

STATE OF NEW YORK
 CITY OF NEW YORK

CERTIFICATE AND RECORD OF DEATH
 No. of Certificate, **33403**

of **John Hayes**

I hereby certify that I attended deceased from **Sept 27 1891**, to **Sept 27 1891**, that I last saw **deceased** on the **27th** day of **Sept**, **1891**, about **4 o'clock A.M.** or **P.M.**, and that to best of my knowledge and belief, the cause of **his** death was as hereunder written:

Duration of Disease.

Chief Cause, **Abnormal birth**
 Contributing Cause, **Compression during birth**

Sanitary Observations, **Good**

Witnesses; hand this **27th** day of **Sept**, **1891**
 Place of Burial, **Cal Sep 28 1891** (SIGNATURE), **H. B. Burnham**, M. D.
 Date of Burial, **Sept 28 1891**
 Undertaker, **D. S. Sullivan**
 Residence, **2056 2nd Ave** RESIDENCE, **111 E. 116 St.**

Burial permits issued at 801 Mott Street, Room 88, Week days, 7 A. M. - 6 P. M. Sundays and Holidays, 8 A. M. - 5 P. M.

Date of Death.	Sept 27th 1891
Full Name.	John Hayes
Age, in years, mos. and days.	3 Hours
Color.	white
Single, Married or Widowed.	
Occupation.	
Birthplace.	1951 2nd Ave.
How long in U. S. if foreign born.	
How long resident in New York City.	Life
Father's Name.	Patrick Hayes
Father's Birthplace.	Ireland
Mother's Name.	Kate Hayes
Mother's Birthplace.	Ireland
Place of Death.	1951 2nd Ave
Last place of Residence.	
Class of Dwelling (A tenement being a house occupied by more than two families.)	Tenement
Direct cause of Death.	Abnormal birth
Indirect cause of Death.	compression during birth
Date of Record.	Sept 27th 1891




NO NOTULATED CERTIFICATE WILL BE RECEIVED

**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES
MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 10007**

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**Brian G. Andersson
Commissioner, Department of Records**



**Leonora A. Gidlund
Director, Municipal Archives**