

CITY OF NEW YORK.

STATE OF NEW YORK.

No. of Certificate.

**CERTIFICATE AND RECORD OF DEATH**

1641

*Julia Beattie*

I hereby certify that I attended deceased from *June 9<sup>th</sup> 1899* to *June 9<sup>th</sup> 1899*  
 that I last saw *her* alive on the *9<sup>th</sup>* day of *June* *1899*, that *she* died on the  
*9<sup>th</sup>* day of *June* *1899*, about *11* o'clock ~~of~~ of P. M., and that to best of my  
 knowledge and belief, the cause of *her* death was as hereunder written. (If under one year old, state how fed.)  
*Cholera Infantum - from*

SEE RULES ON THE OTHER SIDE.

Witness my hand this *10* day of *June* *1899*

Place of Burial. *Holy Cross (SIGNATURE), R. P. O'Neill* M. D.  
 Date of Burial. *June 11<sup>th</sup> 1899*  
 Undertaker. *G. J. Mackens. Residence, 910 N. Hudson St.*  
 Residence. *698 Courtland St.*

Date of Death	<i>June 9<sup>th</sup> 1899.</i>
Full Name	<i>Julia Beattie</i>
Age, in years, mos. and days	<i>63 yrs 6 mos 6</i>
Color	<i>White</i>
Single, Married or Widowed	<i>Single</i>
Occupation	<i>None</i>
Birthplace	<i>New York</i>
How long in U. S. if foreign born	<i>Life</i>
How long resident in City of New York	<i>Life</i>
Father's Name	<i>John Beattie</i>
Father's Birthplace	<i>New York</i>
Mother's Name	<i>Margaret Beattie</i>
Mother's Birthplace	<i>New York</i>
Place of Death	<i>1256 Nelson St.</i>
Last place of Residence	<i>do do do</i>
Class of Dwelling (A tenement being a house occupied by more than two families.)	<i>Tenement</i>
Direct cause of Death	<i>Cholera Infantum</i>
Indirect cause of Death	<i>None</i>
Date of Record	

10 MUTILATED CERTIFICATE WILL BE RECEIVED.