

14 H-1903  
 CITY OF NEW YORK  
 DEPARTMENT OF HEALTH

STATE OF NEW YORK

No. of Certificate

CERTIFICATE AND RECORD OF DEATH **31714**

OF  
*Mary J. Tierney*

NO MUTILATED CERTIFICATE WILL BE RECEIVED.

Sex <i>Female</i>	Color <i>White</i>	Place of Death <i>432 East 80<sup>th</sup> St</i>
Age <i>49</i> Yrs.      Mos.      Days.	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title. <i>Tenement</i>	
Single, Married, Widowed or Divorced. <i>Widow</i>	Father's Name. <i>Simon Kinneary</i>	
Occupation. <i>Housewife</i>	Father's Birthplace. <i>Ireland</i>	
Birthplace. <i>U. S.</i>	Mother's Maiden Name. <i>Mary Dwan</i>	
How long in U.S. if foreign birth. <i>Life</i>	Mother's Birthplace. <i>Ireland</i>	
How long resident in City of New York. <i>Life</i>		

I hereby certify that I attended deceased from *17 Oct.* 1903, to *14 Sept.* 1904, that I last saw her alive on the *12* day of *Sept.* 1904, that she died on the *14* day of *Sept.* 1904, about *2* o'clock *A. M.*, or *P. M.*, and that to the best of my knowledge and belief, the cause of her death was as follows:

*Pulmonary Tuberculosis* (Duration) *1* Yrs.      Mos.      Days.  
 Contributory (Duration)      Yrs.      Mos.      Days.

**SPECIAL INFORMATION**  
 required in deaths in hospitals and institutions and in deaths of non residents and recent residents.

Former or usual residence, }  
 How long resident at place of death, }

Witness my hand this *14* day of *Sept.* 1904  
 (Signature) *C. B. Murray* (M. D.)  
 (Residence) *307 E. 79<sup>th</sup> St*

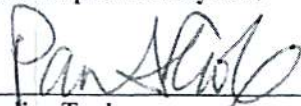
*NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES*

**MUNICIPAL ARCHIVES**

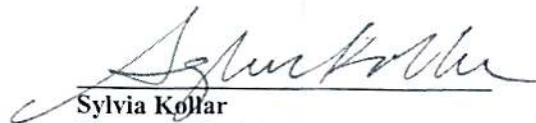
31 Chambers Street  
New York, N.Y. 10007

This exact copy of a \_\_\_\_\_ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



Pauline Toole  
Commissioner, Department of Records



Sylvia Kollar  
Director, Municipal Archives



31714

Place of Burial, Seavoy cem  
Date of Burial, Sept 16 1904  
Undertaker, E. Cuddihy  
Place of Business, 348 East 55th

N. B.—A certificate of death is a document of great importance. More than 23,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

### TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease, a certificate must be furnished by him **forthwith** (Sanitary Code, Section 135 and 161).

2. All physicians practicing in the City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 160).

3. If a person dies from **criminal violence** or **by a casualty**, or **suddenly while in apparent health**, or when **unattended by a physician** or **in prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroners' office (Chapter 410, Section 1773, Laws of 1882).

4. Certificates **will be returned for additional information**, which give any of the following diseases, without explanation, as the sole cause of death:

<b>Abortion,</b>	<b>Gastritis,</b>	<b>Peritonitis,</b>
<b>Cellulitis,</b>	<b>Erysipelas,</b>	<b>Phlebitis,</b>
<b>Childbirth,</b>	<b>Meningitis,</b>	<b>Pyæmia,</b>
<b>Convulsions,</b>	<b>Metritis,</b>	<b>Septicæmia,</b>
<b>Hæmorrhage,</b>	<b>Miscarriage,</b>	<b>Tetanus.</b>
<b>Gangrene,</b>	<b>Necrosis,</b>	

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. If it is not, the certificate should make that fact plain).

5. No certificate giving "**Heart failure,**" "**Dropsy,**" or other **mere symptom**, as the sole cause of death, will be accepted, unless accompanied by a satisfactory written explanation.

### TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

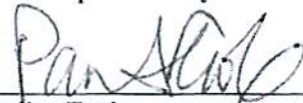
3. No certificate will be accepted which is **mutilated, illegible, inaccurate**, or any portion of which has been **erased, interlined, corrected or altered**, as all such change impair its value as a public record.

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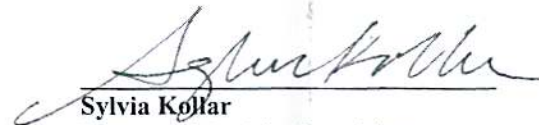
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