

(7)  
1927

CERTIFICATE OF DEATH.

Full Name, Maggie Kenny

Age, 22 years, — months, — days.

Sex, Male Female. 4. White, ~~Colored~~

Single, Married, ~~Widow~~, ~~Widower~~.

Birthplace, Brooklyn 7.—Occupation, —

If of foreign birth, how long in the U. S. — years. 9.—How long resident in City, Life years

Father's Birthplace, Ire 11.—Mother's Birthplace, Ire

Place of Death, No. 828 Fulton St Brooklyn, Ward 20

Number of Families in House, 3 14.—On what Floor, 2nd

I HEREBY CERTIFY that I attended the deceased from Jan'y 25<sup>th</sup> 1896, to Jan'y 30<sup>th</sup> 1896.

that I last saw her alive on the 29<sup>th</sup> day of Jan'y 1896; that she died on the 30<sup>th</sup> day of Jan'y 1896, about 2 o'clock A. M. or P. M., and that the following was the

Cause of Death, I. Acute Lobar Pneumonia Time from attack till death, one week

II. Heart Failure

Certificate delivered to Brother at 9-309 W. Jan'y 30<sup>th</sup> 1896

by J. J. Polgan M. D., No. 191 Hasbun Street or Avenue, Address.

other side for explanations and directions.

17.—Place of Burial,

Healy Brook

Cemetery.

18.—Date of Burial

Feb 2 1927

19.—Undertaker--

Wm J. Martin

In case of contagious diseases \_\_\_\_\_ A. M. or P.  
Place of Business, 239 Silvery St.

. 1927

\*Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.

3, 4, 5, 15 —Draw a line through the words *not required* on these lines.

6, 10, 11,—Insert name of State or County.

12 —If in a *Public Institution* please state its name and erase line 13.

14 —I. Name the *Organic, Principal, or most influential Disease or Injury*. If an autopsy was made please so state.

II. Name any complication, remote cause, important event (as Operation, in Surgical Cases), or the manner of Dying (Asphyxia, Convulsions, Syncope, etc.), or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.

CONTAGIOUS DISEASES.—Small Pox, Scarlet Fever, Diphtheria, Measles, Yellow Fever, Cholera.

Notes to Undertakers.—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore changes or additions made by undertakers, or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; and that the remains be conveyed in a hearse, the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, 38 and 40 Clinton Street.

Hours from 9 to 5, Saturdays, 9 to 4, Sundays and Holidays, 9 to 12.

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