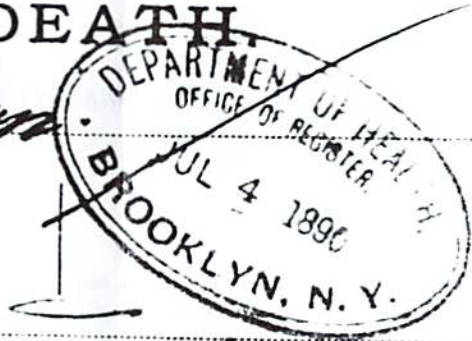


[Form A,
January 1, 1880.]

Department of Health of the City of Brooklyn.

5000

CERTIFICATE OF DEATH.



Full Name,* John A. Sheehan

Age, 4 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., life years. 9.—How long resident in City, life years.

Father's Birthplace,* New Hampshire 11.—Mother's Birthplace,* Brooklyn

Place of Death,* No. 158 Liqueur st Brooklyn, Ward, 12

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

I HEREBY CERTIFY that I attended the deceased from June 29th 1890, to July 3rd 1890.

that I last saw him alive on the 3rd day of July 1890; that he died on the

3 day of July 1890, about 3 o'clock, A. M. or P. M., and that the following was the

Cause of Death,* I. Bronchitis, Convulsions Time from Attack till Death, about 5 days

II. Heart Failure

This Certificate delivered to Chas Moran at 9-30 A.M. July 4th 1890

signed by J. J. Colgan M. D., No. 191 Nassau Street ~~or Room~~ Address.

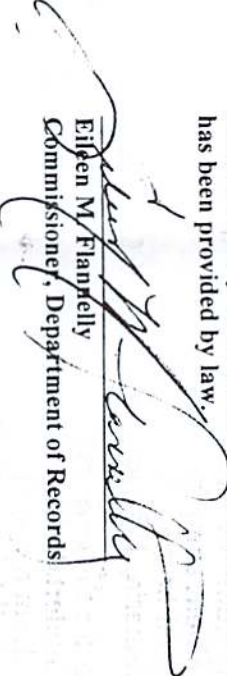
See other side for explanations and directions.

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.


Eileen M. Flannelly
Commissioner, Department of Records


Leonora A. Gidlund
Director, Municipal Archives

9863
17.—Place of Burial, Holy Cross Cemetery.
18.—Date of Burial, July 14 — 20 In case of contagious diseases, A. M. or P. M.
19.—Undertaker, John J. Moran Place of Business, 157 Columbus

* 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 Country.

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

16.—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 Death (Asphyxia, Asthenia, 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, Typhoid Fever, Typhus Fever, Yellow Fever, Cholera.

NOTE TO UNDERTAKERS.—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate, therefore no 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; 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 a violation of these rules.

Office for Burial Permits, Municipal Department Building.

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

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

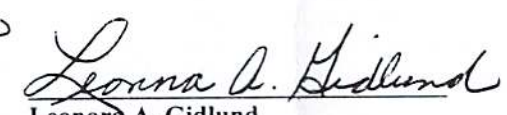
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