

The special attention of Physicians is respectfully invited to the remarks below, and to the list of Diseases upon the Back of this Certificate.

HEALTH DEPARTMENT OF THE CITY OF NEW YORK

Has made the following Order:

Permits for the removal of the body of any deceased person from the City of New York for Interment, and all Burial Permits, and Permits for the Disinterment of the deceased persons in the City of New York, shall be granted and signed by the Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Bureau of Vital Statistics within 36 HOURS after said person's death. (Sec. 161 of Sanitary Code.)

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Physicians practising in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics. (Sec. 5 of Sanit. Code.)

STATE OF NEW YORK.

CITY OF NEW YORK.

CERTIFICATE OF DEATH, IN THE CITY OF NEW YORK.

461
591136

1. Full Name of Deceased, Write legibly and spell correctly, if an infant not named, give parents' names. James Tierney
2. Age, 23 years, 0 months, 0 days. Color (Name if other than the white.) N.
3. ~~Single~~ Married, ~~Widow~~ or ~~Widower~~ (Cross out the words not required in this line.) 4. Occupation, Driver
5. Birthplace (State or Country.) Ireland (Is or long in the United States, if of foreign birth.) No Yes Ireland
6. How long Resident in this City, Twenty years
7. Father's Birthplace, (State or Country.) Ireland Father's Name, Thomas Tierney
8. Mother's Birthplace, (State or Country.) Ireland Mother's Name, Mary
9. Place of Death, (If an Institution, please state the name.) No. 301 Mulberry Street 13 Ward 10
10. If a Dwelling, by how many families, living separately, occupied, 3 Floor Top

(Signature and title of Justice of the Peace.)

11. I Hereby Certify, that I attended deceased from Jan. 8 1887 to Feb. 3 1887 that I last saw him alive on the 3 day of Feb. 1887, that he died on the 4 day of Feb. 1887, about 8:30 o'clock, A.M. W.M., and that, to the best of my knowledge and belief, the Cause of his death was as hereunder written:

Chief and Determining	Duration of Disease in	If not known, it should be so stated.			
		Years.	Months.	Days.	Hours.
Consecutive and Contributing	<u>Hydropericardium</u> <u>Bronchitis asthma</u> <u>Asphyxia</u>		<u>2</u>		
		<u>4</u>			

† The duration of each disease, when given, is to begin from commencement until death.

Sanitary observations, Good

Witness my hand this 4 day of Feb. 1887
 of Burial Permit, S. H. Vehlage M.D.,
 of Burial, Feb 6 1887
 of Undertaker James Connors 340 W 42 St

Room for granting Burial Permits, No. 48. Hours from 7 A.M. to 6 P.M. on week days; from 8 A.M. to 3 P.M. on Sundays.

* If the floor is mean the floor immediately above or on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.
 † Please examine the list of diseases printed on the back of this certificate.
 Law regulating Coroners' Inquests in the County of New York, Chapter 462, Laws of 1871.
 Section 4.—Hereafter, when in the City and County of New York, any person shall die from criminal violence, or by a casualty, or suddenly, when in apparent health or attended by a physician, or in prison, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall view the body of such person externally, or make an autopsy thereon, as may be required (preparatory to an inquest).
 N.B.—The Superintendent of Vital Statistics cautions all persons against accepting or using this Certificate for any purpose except that of delivering it for a Burial Permit registration. In case of the issuance of a duplicate Certificate, the word "Duplicate" should be written across it.

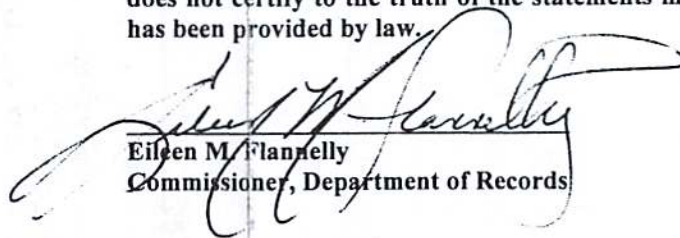
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES

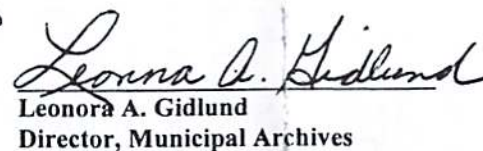
31 Chambers Street
New York, N.Y. 10007

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