

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York  
BUREAU OF RECORDS

BOROUGH OF Queens

STANDARD CERTIFICATE OF DEATH

No. 68-54 St Corona St.

Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc. Private

Registered No. 1454

2 FULL NAME James S Tierney

3 SEX male 4 COLOR OR RACE white 5 SINGLE, married, MARRIED, WIDOWED, OR DIVORCED (Write the Word) 15 DATE OF DEATH March 20, 1917  
(Month) (Day) (Year)

6 DATE OF BIRTH July 8, 1883  
(Month) (Day) (Year)

7 AGE 33 yrs. 8 mos. 12 ds. IF LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Stereotypes (b) General nature of industry, business or establishment in which employed (or employer) newspapers

9 BIRTHPLACE (State or country) ny

(A) How long in U. S. (if of foreign birth) life (B) How long resident in City of New York life

10 NAME OF FATHER Thomas William Tierney

11 BIRTHPLACE OF FATHER (State or country) ny

12 MAIDEN NAME OF MOTHER Mary Kennedy

13 BIRTHPLACE OF MOTHER (State or country) ny

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } \_\_\_\_\_

FILED

17 PLACE OF BURIAL Evergreen Ave DATE OF BURIAL March 22, 1917

18 UNDERTAKER Frank A Dalton ADDRESS 63 5th Ave

Brooklyn

16 I hereby certify that the foregoing particulars (Nos. 1 to 14, inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from Feb 12, 1916, to March 20, 1917, that I last saw him alive on the 19th day of March, 1917, that death occurred on the date stated above at 3:40 AM., and that the cause of death was as follows:

uraemia

duration 3 yrs. 3 mos. 3 ds.  
Contributory Chr Interstitial  
(Secondary) nephritis 2 yrs duration  
and Chr Pulmonary Tuberculosis  
duration 2 yrs. 0 mos. 0 ds.  
Witness my hand this 20th day of March 1917.

Signature Walter Norris M. D.

Address 30-48 St Corona

MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

## 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, Sections 33 and 90).

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 218).

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 Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 177; 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>Haemorrhage,</b>	<b>Meningitis,</b>	<b>Phlebitis,</b>
<b>Cellulitis,</b>	<b>Gangrene,</b>	<b>Metritis,</b>	<b>Pyæmia,</b>
<b>Childbirth,</b>	<b>Gastritis,</b>	<b>Miscarriage,</b>	<b>Septicæmia,</b>
<b>Convulsions,</b>	<b>Erysipelas,</b>	<b>Peritonitis,</b>	<b>Tetanus.</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.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

## 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 changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Frank A. Torney  
(NAME)  
 the brother of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)  
 for the burial or cremation of the remains of deceased James S. Torney  
 Signature Frank A. Torney

RECEIVED



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