

Record of Inmates Westchester County Poor-house, under Act Chap. 140, Laws of 1875.

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Name, *Michael Yorks* Sex, *M* Age, *67* Color, *W* Single, Married, Widow, Widower, *Married* Birth Place, State or Country, *N.Y.*  
 County, *Westchester* Town or City, *North Castle* (If Foreign Born, how long in the U. S.? \_\_\_\_\_ How long in this State? \_\_\_\_\_ At what Port Landed? \_\_\_\_\_ Was Head Money Paid? \_\_\_\_\_ Is the Person Naturalized? *Yes*)  
 Date of Admission *Sept 3<sup>rd</sup> 1890* Birth Place of Father — State or Country, *N.Y.* County, *West* Town or City, \_\_\_\_\_ Birth Place of Mother — State or Country, *Long* County, *Saginaw* Town or City, \_\_\_\_\_ Education, *Great* Habits, *In Temp* Habits of Father, *Temp* Habits of Mother, *Temp* Occupation, *Shoemaker*  
 Re-Admitted *Mar 27 1892* Occupation of Father, *Farmer* Condition of Ancestors and other Relatives (living or dead), as to whether Pauper or Self-Supporting — Grand Parents Paternal Side, *dead* Grand Parents Maternal Side, *dead*  
 " " *March 28 1892* Father, *dead* Mother, *dead* Brothers, *3* Sisters, *no* Other Relatives, *yes* (If a Parent, how many Children Living? *no* State their Condition — whether in Poor Houses, Asylums, Hospitals, other Institutions, or Self-Supporting, \_\_\_\_\_)  
 " " *Sept 24<sup>th</sup> 1892* Existing Cause of Dependence, *Sick & Destitute*  
 " " *July 25 1893* What kind of Labor is the Person able to pursue, and to what extent? *Light Work*  
 Discharged *Sept 30 1891* Has the Person received Public or Private Out-Door Relief? If so, how long? *no*  
*Aug 30<sup>th</sup> 1892* Have the Parents or other relatives been thus aided? If so, state the fact. *no*  
*Sept 25<sup>th</sup> 1892* Has the Person been, heretofore, an Inmate of Poor-Houses? If so, how long? *no*  
*Miss May 2 1894* Has the Person been an Inmate of any other Charitable Institution? If so, note the fact. *no*  
 What is the probable destiny of the Person as respects recovery from the cause of Dependence? *may recover*  
 Remarks: *North Castle*  
*Came from Town of New Castle July 25/93 by Eugene Donohue*

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Name, *John F. Flannery* Sex, *M* Age, *40* Color, *W* Single, Married, Widow, Widower, *Married* Birth Place, State or Country, *W.*  
 County, *Dutchess* Town or City, *Orford* (If Foreign Born, how long in the U. S.? \_\_\_\_\_ How long in this State? \_\_\_\_\_ At what Port Landed? \_\_\_\_\_ Was Head Money Paid? \_\_\_\_\_ Is the Person Naturalized? \_\_\_\_\_)  
 Date of Admission *Sept 27 1891* Birth Place of Father — State or Country, *Same* County, *Same* Town or City, \_\_\_\_\_ Birth Place of Mother — State or Country, \_\_\_\_\_ County, \_\_\_\_\_ Town or City, \_\_\_\_\_ Education, *read* Habits, *In Temp* Habits of Father, *Temp* Habits of Mother, *Temp* Occupation, *Gov*  
 Re-Admitted \_\_\_\_\_ Occupation of Father, *Farmer* Condition of Ancestors and other Relatives (living or dead), as to whether Pauper or Self-Supporting — Grand Parents Paternal Side, \_\_\_\_\_ Grand Parents Maternal Side, \_\_\_\_\_  
 Father, \_\_\_\_\_ Mother, \_\_\_\_\_ Brothers, \_\_\_\_\_ Sisters, \_\_\_\_\_ Other Relatives, \_\_\_\_\_ (If a Parent, how many Children Living? \_\_\_\_\_ State their Condition — whether in Poor Houses, Asylums, Hospitals, other Institutions, or Self-Supporting, \_\_\_\_\_)  
 Existing Cause of Dependence, \_\_\_\_\_  
 What kind of Labor is the Person able to pursue, and to what extent? \_\_\_\_\_  
 Has the Person received Public or Private Out-Door Relief? If so, how long? \_\_\_\_\_  
 Have the Parents or other relatives been thus aided? If so, state the fact. \_\_\_\_\_  
 Has the Person been, heretofore, an Inmate of Poor-Houses? If so, how long? \_\_\_\_\_  
 Has the Person been an Inmate of any other Charitable Institution? If so, note the fact. \_\_\_\_\_  
 What is the probable destiny of the Person as respects recovery from the cause of Dependence? \_\_\_\_\_  
 Remarks: \_\_\_\_\_