

PLACE OF DEATH

BOROUGH OF

Man

STATE OF NEW YORK  
 Department of Health of The City of New York  
 BUREAU OF RECORDS  
 STANDARD CERTIFICATE OF DEATH

160 E 115 St.

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

Leveement.

20000

FULL NAME

Simon Tierney

Registered No.

|  |                        |  |  |
|--|------------------------|--|--|
| SEX<br>Male  | COLOR OR RACE<br>white | SINGLE, MARRIED, WIDOWED, OR DIVORCED?<br>(Write the word)<br>single | DATE OF DEATH<br>June 24, 1914<br>(Month) (Day) (Year)   |
| DATE OF BIRTH<br>May 7, 1912<br>(Month) (Day) (Year)   |                        |  | 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 June 9, 1914 to June 24, 1914, that I last saw him alive on the 23 day of June 1914, that death occurred on the date stated above at 4 A.M., and that the cause of death was as follows:<br>Broncho Pneumonia |
| AGE<br>2 yrs. 1 mos. 17 ds. or less than 1 day, hrs. or min.?  |                        |  |  |
| OCCUPATION<br>Trade, profession, or particular kind of work<br>General nature of industry, business or establishment in which employed (or employer) |                        |  | duration yrs. mos. 17 ds.<br>Contributory (Secondary) Suppurative Otitis media   |
| BIRTHPLACE (State or country)<br>U.S.  |                        |  |  |
| How long in U.S. (if of foreign birth) (9) How long resident in City of New York (10) Life   |                        |  | duration yrs. mos. 7 ds.<br>Witness my hand this 24 day of June 1914.  |
| 10 NAME OF FATHER<br>Simon J. Tierney  |                        |  |  |
| 11 BIRTHPLACE OF FATHER (State or country)<br>U.S.   |                        |  | Signature Adolph Schrey M. D.<br>Address 218 E. 79   |
| 12 MAIDEN NAME OF MOTHER<br>Anna Grace   |                        |  |  |
| 13 BIRTHPLACE OF MOTHER (State or country)<br>U.S.   |                        |  | 17 PLACE OF BURIAL<br>Calvary<br>DATE OF BURIAL<br>June 26, 1914.  |
| Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.                            |                        |  | 18 UNDERTAKER<br>J. M. Necker<br>ADDRESS<br>497 E. 138 St.   |
| Where or residence }<br>Was disease contracted, if not at place of death?  |                        |  |  |
| JUN 26 1914  |                        |  |  |