

COUNTY OF NEW YORK

STATE OF NEW YORK

CITY OF NEW YORK

CERTIFICATE AND RECORD OF DEATH

No. of Certificate

8235

Michael Caldwell

I hereby certify that I attended deceased from May 1 1890 to May 20 1892 that I last saw him alive on the 6 day of May 1892, that he died on the 20 day of May 1892 about 1 o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of his death was as hereunder written:

Chief Cause, Cerebral hemorrhage & thrombosis
Contributing Cause, Coma
Duration of Disease, 2 years

Sanitary Observations,
Witness my hand this 20 day of May 1892
Place of Burial, (SIGNATURE), Geo. F. Cary M. D.
Date of Burial, May 22 1892
Undertaker, R. S. ... RESIDENCE, 142 E. 19th St.
Residence, 425 3rd St.

Burial permits issued at 301 Mott Street, Room 38, Week days, 7 A. M.-6 P. M. Sundays and Holidays, 8 A. M.-5 P. M.

Table with 13 columns: Date of Death, Full Name, Age, Color, Single/Married, Occupation, Birthplace, How long in U.S., How long resident in New York City, Father's Name, Mother's Name, Mother's Birthplace, Place of Death, Last place of Residence, Class of Dwelling, Direct cause of Death, Indirect cause of Death, Date of Record.

NO MUTILATED CERTIFICATE WILL BE RECEIVED.