

PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF Manhattan

BUREAU OF RECORDS
CERTIFICATE OF DEATH

No. 169 East 115th St.

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

Registered No. 32134

FULL NAME Patrick Hayes

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

DATE OF DEATH November 7, 1917

DATE OF BIRTH June 27, 1862

AGE 55 years 4 months 16 days

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 20, 1917 to Nov. 7, 1917, that I last saw him alive on the 6th day of Nov. 1917, that death occurred on the date stated above at 3 A.M., and that the chief and determining cause of death was: Cerebral apoplexy duration 7 yrs. 7 mos. 7 days.

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

That the contributory causes were: Arterio Sclerosis

BIRTHPLACE (State or country) Ireland (A) How long to U.S. (State or city of birth) 30.7 (B) How long resident in City of New York 30.7

That autopsy was performed and the findings were:

NAME OF FATHER Patrick Hayes

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Conway

BIRTHPLACE OF MOTHER (State or country) Ireland

Special INFORMATION required in deaths in hospitals or institutions and in deaths of non-residents and recent residents. Former or usual residence

Witness my hand this 7 day of Nov 1917
Signature W. J. McLaughlin, M.D.
Address 216 E 39

FILED

17 PLACE OF BURIAL St. Ann's

DATE OF BURIAL Nov 10, 1917

18 UNDERTAKER J. J. McLaughlin

ADDRESS 1450 Lexington Ave


NY 81917

THIS CERTIFICATE WILL BE RECEIVED

**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.



**Brian G. Andersson
Commissioner, Department of Records**



**Leonora A. Gidlund
Director, Municipal Archives**