

BUREAU OF RECORDS  
New York  
4 P.M.  
JAN 18 1898  
BOROUGH OF MANHATTAN

STATE OF NEW YORK.

CITY OF NEW YORK

No. of Certificate.

1770

OF  
*Thomas W Tierney*

I hereby certify that I attended deceased from *Jan 12 1898* to *Jan 16 1898* that I last saw *him* alive on the *17* day of *Jan* 1898, that ~~he~~ died on the *17* day of *Jan* 1898, about *6* 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, <i>Appendicitis.</i>	Duration of Disease, <i>5 days</i>
Contributing Cause, <i>Suppuration. Rupture of Sac. Collapse</i> <i>no operation.</i>	
Sanitary Observations, _____	

Witness my hand this *17* day of *January* 1898

Place of Burial, *Columbus Cora* (SIGNATURE), *Edward Fleming* M. D.  
Date of Burial, *Jan 19 1898*  
Undertaker, *E. J. Dudding* RESIDENCE, *1982 Lexington Ave*  
Residence, *348 E 55th St*

Burial permits issued at Criminal Court Building, Centre, White, Elm and Franklin Streets, ( Week days, 7 A. M. - 6 P. M. )  
( Sundays and Holidays, 8 A. M. - 3 P. M. )

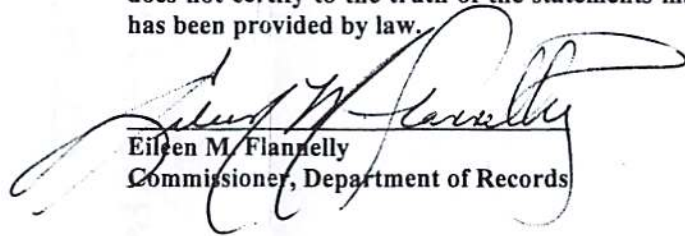
Date of Death.	Full Name.	Age in Years, mos. and days.	Color.	Single, Married or Widowed.	Occupation.	Birthplace.	How long in U.S. If foreign born.	How long resident in New York City.	Father's Name.	Father's Birthplace.	Mother's Name.	Mother's Birthplace.	Place of Death.	Last Place of Residence.	Character of Death (A statement hereof to be completed by more than two families.)	Direct cause of Death.	Indirect cause of Death.	Part of Record.
<i>Jan 17 1898</i>	<i>Thomas W. Tierney</i>	<i>43 years</i>	<i>white</i>	<i>Married</i>	<i>Secretary</i>	<i>U.S.</i>	<i>Native</i>	<i>Native</i>	<i>James Tierney</i>	<i>Ireland</i>	<i>Ellen Tierney</i>	<i>Ireland</i>	<i>611 West 133rd St</i>	<i>64 West 133rd St</i>	<i>Appendicitis Suppuration, Rupture of Sac. Collapse</i>	<i>Appendicitis</i>	<i>Appendicitis</i>	

**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES**

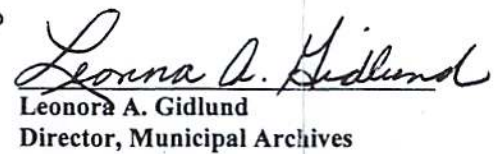
**MUNICIPAL ARCHIVES  
31 Chambers Street  
New York, N.Y. 10007**

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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.



Eileen M. Flannelly  
Commissioner, Department of Records



Leonora A. Gidlund  
Director, Municipal Archives

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MUNICIPAL ARCHIVES  
31 CHAMBERS STREET  
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