

Certificate of Death

9871

FILED

Certificate No.

1942 OCT 21 AM 9 00

1. NAME OF DECEASED: Johanna M. Hayes None
(Print or Type-write) First Name Middle Name Last Name Social Security Number

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State New York
(b) Co. BRONX (c) City, Town or Village New York
(d) No. 375 East 205 Apt. St.
(e) Length of residence or stay in City of New York immediately prior to death 62 years

16 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Bronx
(c) Name of Hospital or Institution 375 East 205 Street
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death 3 years

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

4 WIFE HUSBAND of Patrick C. Hayes

5 DATE OF BIRTH OF DECEASED (Month) (Day) (Year) May 22 1865

6 AGE 77 yrs. 4 mos. 28 days hr. or min. If LESS than 1 day.

7 OCCUPATION
A Trade, profession, or particular kind of work done, as upstream, messenger, bookkeeper, etc. Housewife
B Industry or business in which work was done, as silk mill, sawmill, bank, retail business, etc. her own home

8 PLACE OF BIRTH OF DECEASED: (a) State or Country Ireland
(b) County Waterford (c) City, Town or Village Dromore

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? United States

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAS not a veteran

11 NAME OF FATHER OF DECEASED John Barry

12 PLACE OF BIRTH OF FATHER (State or country) Ireland

13 MAIDEN NAME OF MOTHER OF DECEASED Mary Daly

14 PLACE OF BIRTH OF MOTHER (State or country) Ireland

15 SIGNATURE OF INFORMANT James P. Hayes

RELATIONSHIP TO DECEASED son

ADDRESS 1911 R. A. Ave. Washington D.C.

22 PLACE OF BURIAL OR CREMATION Calvary Cemetery

DATE OF BURIAL OR CREMATION October 22, 1942

23 FUNERAL DIRECTOR Patrick J. Browne

ADDRESS 145 E. 117 St. NY PERMIT NUMBER 1106

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) OCT 20 1942 12⁴⁰ M.
18 SEX female 19 COLOR OR RACE white 20 Approximate Age 77 years
21 I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)* from Oct 8 1942 to Oct 20 1942 and last saw h. s. alive at 7 P.M. on Oct 19 1942
Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)* (Cross out terms that do not apply.)
Principal cause of death Cardiac Decomposition DATE OF ONSET Oct 8, 1942
Myocarditis
Contributory causes and other conditions

Autopsy: None Operation: None
Date of: (If none, so state) Date of: (If none, so state)

Condition for which performed:

Signature: James J. Carroll M. D.

Address: 2725 Madison Ave Date: Oct 20, 1942