

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF *Bklyn*

No. *399* St. *144*

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

Registered No. *670*

3 FULL NAME *Jonathan J. Beattie*

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

15 DATE OF DEATH *Jan 8*, 191*3*
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year) *1*

7 AGE *53* H LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *none* (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Scotland*

(9) How long in U. S. (if of foreign birth) *62y* (9) How long resident in City of New York *62y*

PARENTS OF DECEASED 10 NAME OF FATHER *Robert Beattie* 11 BIRTHPLACE OF FATHER (State or country) *Scotland* 12 MAIDEN NAME OF MOTHER *Eliza Gordon* 13 BIRTHPLACE OF MOTHER (State or country) *Scotland*

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } *same*

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this *9* day of *Jan* 191*3*, taken charge of the body of deceased found at *399 144 St* and that an inquest thereon is pending. *Alexander Douglas* Coroner.

17 I hereby certify that I have viewed said body and from *same* and evidence, that *he* died on the *8* day of *Jan* 1913, at *4* P.M., and that the cause of *h.* death was as follows:

Cerebral Apoplexy
Arterio Sclerosis

Emil F. Hartung
Coroner's Physician.

18 PLACE OF BURIAL *Holy Cross Cemetery* DATE OF BURIAL *11*, 1913

19 UNDERTAKER *James F. Deibel* ADDRESS *177 St. Ann St.*

FILED