

COUNTY OF NEW YORK.

STATE OF NEW YORK.

CITY OF NEW YORK.

CERTIFICATE AND RECORD OF DEATH

No. of Certificate, 18825
18825

Isabella Frances Hayes

I hereby certify that I attended deceased from *May 20 1890* to *June 5 1890*
I last saw *her* alive on the *4* day of *June 1890* that *she* died on the
5 day of *June 1890* about *6* o'clock *A. M.* or *P. M.* and that to best of my
knowledge and belief, the cause of *her* death was as hereunder written:

Chief Cause, *Cholera*
Contributing Cause, *Valvular Heart & Pulmonary Inflammation*
Sanitary Observations, *Good*

Witness my hand this *5* day of *June 1890*
Place of Burial, *Cemetery* (SIGNATURE) *J. P. [Signature]* M. D.
Date of Burial, *June 7*
Undertaker, *J. J. [Signature]* RESIDENCE, *127 E. 16 St.*
Residence, *1670 Lexington*

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


Date of Record	Indirect cause of Death	Direct cause of Death	Class of Dwelling (A tenement being a house occupied by more than one family)	Last place of Residence	Place of Death	Mother's Birthplace	Mother's Name	Father's Birthplace	Father's Name	How long resident in New York City	How long in U. S. if foreign born	Birthplace	Occupation	Single, Married or Widowed	Color	Age, In years, moes. and days	Full Name	Date of Death
<i>June 3-1900</i>	<i>Val. Heart & Pulm. Inflammation</i>	<i>Cholera</i>	<i>Cholera</i>	<i>1670 Lexington</i>	<i>301 E 1700</i>	<i>France</i>	<i>Kate Hayes</i>	<i>France</i>	<i>Patrick Hayes</i>	<i>10 yrs</i>	<i>1</i>	<i>France</i>	<i>Merchant</i>	<i>Single</i>	<i>W</i>	<i>5 yrs 9 mos 26 days</i>	<i>Isabella Frances Hayes</i>	<i>June 5-1900</i>

THIS WILL BE RECEIVED

**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES
MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 10007**

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



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