

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF CALIFORNIA**  
**DEPARTMENT OF PUBLIC HEALTH**

Dept. of Public Health F. No. 15

**CALIFORNIA STATE BOARD OF HEALTH**

PLACE OF DEATH  
CITY AND COUNTY  
OF  
**SAN FRANCISCO**

BUREAU OF VITAL STATISTICS

**151 470**

**7-031739**

ORIGINAL CERTIFICATE OF DEATH

State Index No.

LOCAL REGISTERED NO. **6734**

(No. **3354** *Clay* St. **3** *Ward*)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information."]

Full Name **John Lawrence Tierney**

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

LENGTH OF RESIDENCE  
At Place of Death **9** years **0** months  
In California **21** years **0** months

SEX **male** COLOR OR RACE **white**

DATE OF BIRTH **Dec 20, 1865**  
(Month) (Day) (Year)

AGE **42** years **8** months **1** day

SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

BIRTHPLACE **New York**  
(State or Country)

OCCUPATION **Com. Mercant**

NAME OF FATHER **James Tierney**

BIRTHPLACE OF FATHER **Ireland**  
(State or Country)

MAIDEN NAME OF MOTHER **Mary Sproul**

BIRTHPLACE OF MOTHER **Ireland**  
(State or Country)

DATE OF DEATH **Dec 21, 1907**  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from **Dec 1, 1907** to **Dec 21, 1907**; that I last saw him alive on **Dec 20, 1907**; and that death occurred, on the date stated above, at **11** A.M.

The CAUSE OF DEATH was as follows:  
**Emaciation of Stomach**  
**1 year (duration) — days.**

Contributory **John Gallwey** (duration) **—** days.

(Signed) **John Gallwey**, M. D.  
**Dec 21, 1907**. (Address **1025 Deansade St.**)

**SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS**

Former or Usual Residence \_\_\_\_\_ How long at Place of Death? \_\_\_\_\_ Days

Where was disease contracted, if not at place of death? \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL **Calvary (Caret)** DATE OF BURIAL **Dec 24, 1907**

UNDERTAKER \_\_\_\_\_ ADDRESS **1527 S. G. Ave**

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) **Isabelle Tierney**  
(Address) **3354 Clay St**

FILED \_\_\_\_\_, 190\_\_\_\_

FILED **DEC 22 1907** **HERBERT GUNN, M. D.**  
Subregistrar. Registrar or Deputy

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.  
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records by:

DATE ISSUED  
**Linette T Scott**  
LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR  
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION  
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.  
(REV 11/08)



**NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**