

# CERTIFICATE OF DEATH.

1. Name of the Deceased, (in full,) Daniel Hanley
2. Age, 36 years, \_\_\_\_\_ months, \_\_\_\_\_ days. Color, 2238
3. Single, (~~Married~~), (~~Widow~~), or (~~Widower~~), (Cross out the words not required in this line.)
4. Occupation, Labourer
5. Birthplace, Ireland (And how long in the United States, if of foreign birth.) Five years
6. How long resident in this City, Five years
7. Father's Birthplace, The State or Country, Ireland
8. Mother's Birthplace, " " " Do "
9. Place of Death, No. 4 Van Brunt Street, 12<sup>th</sup> Ward.
10. I Hereby Certify, That I last saw him on the 1<sup>st</sup> day of April 1867, that he died on the 3<sup>rd</sup> day of April 1867, and that **the Cause** of his Death was

Let these Returns be specific.

[FIRST,] Tuberculosis Pulmonalis

[SECOND, (remote or complicating.)]

Time from Attack till Death.

8 months

Place of Burial, Holy Cross

(Date of do.) April 5<sup>th</sup>

D. Ambrose M. D.,  
**Medical Attendant.**

(Undertaker,) W. Cuddy

(Place of Business,) Van Brunt St (Address,) 9 Clinton Place  
Brooklyn

CERTIFICATE OF DEATH.

1. Name of the Deceased (in full) *James Henry*

2. Age *30* years, *3* months, *23* days.

3. Single, (Married), (Widowed), or (Divorced), *Single*

4. Occupation, *Labourer*

5. Birthplace, *London*

6. How long resident in this City, *Five years*

7. Father's Birthplace, (or State or Country), *London*

8. Mother's Birthplace, " " " " " "

9. Place of Death, *No. 10, Park Street, W. Lond.*

10. I hereby certify that I last saw him on the *1st* day of *June* 18*81*, and that the Cause of his Death was *that* died, on the *2nd* day of *June* 18*81*.

[First] *James Henry*

[Second, name of informant]

Place of burial, *St. George's*

(State of do.)

Medical Attendant, *A. W.*

(Place of business), *St. George's*

(Residence), *St. George's*

Put these particulars in duplicate

(And how long in the United States, if foreign birth)

(Cross out the words not required in this line)