

1 PLACE OF DEATH

BOROUGH OF Brooklyn

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

25-2608-21-3a 14 25

No. 490-39

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

Registered No. 6371

2 FULL NAME John Joseph Beattie

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Widowed

15 DATE OF DEATH

Mar 24, 1925
(Month) (Day) (Year)

6 DATE OF BIRTH

7 AGE (Month) (Day) (Year)
69 yrs. 0 mos. 0 da. or 0 min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Bridge Tender
(b) General nature of industry, business or establishment in which employed (or employer) City of N.Y.

9 BIRTHPLACE (State or country)

N.Y.

(A) How long in U. S. (if of foreign birth)

Life

(B) How long resident in City of New York

Life

10 NAME OF FATHER

Jonathan Beattie

11 BIRTHPLACE OF FATHER (State or country)

Scotland

12 MAIDEN NAME OF MOTHER

Mary Dillon

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

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

Former or Usual Residence

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from Mar. 16, 1925 to Mar 24, 1925, that I last saw him alive on the 24 day of Mar, 1925, that death occurred on the date stated above at 11:30 P.M., and that the cause of death was as follows:

arterio sclerosis

duration 1 yrs. 0 mos. 0 ds.
Contributory Cerebral hemiparalysis
(Secondary)
duration — yrs. — mos. 8 ds.

Witness my hand this 25 day of Mar, 1925.

Signature T. H. Brown M. D.

Address 266 Stuyvesant Pt.

FILED

MAR 25 1925

17 PLACE OF BURIAL

St. Johns Cemetery

DATE OF BURIAL

March 28, 1925

18 UNDERTAKER

Ladley Mc Mahon
#1082

ADDRESS

587 Washington Ave

MAKING NO MULTICATED CERTIFICATE WILL BE RECEIVED