

CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate

CERTIFICATE AND RECORD OF DEATH 37870

Mary Tierney OF

NO DUPLICATED CERTIFICATE WILL BE RECEIVED.

Sex <i>Female</i>	Color <i>White</i>	Place of Death. <i>182 East 117 St</i>
Age <i>75</i> Yrs. <i>9</i> Mos. <i>27</i> Days.	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title. <i>Tenement</i>	
Single, Married, Widowed or Divorced. <i>Widow.</i>	Father's Name. <i>unknown</i>	
Occupation. <i>House</i>	Father's Birthplace. <i>Ireland</i>	
Birthplace. <i>Ireland</i>	Mother's Maiden Name. <i>unknown</i>	
How long in U.S. if foreign birth. <i>60 years.</i>	Mother's Birthplace. <i>Ireland</i>	
How long resident in City of New York. <i>60 years.</i>		

I hereby certify that I attended deceased from *Dec. 19th* 19*60*, to *Dec. 22* 19*60*, that I last saw *her* alive on the *22nd* day of *Dec.* 19*60*, that she died on the *22nd* day of *Dec.* 19*60*, about *11* o'clock *AM.* P. M., and that to the best of my knowledge and belief, the cause of *her* death was as follows:

Pleuritis (Duration) — Yrs. — Mos. *5* Days.
Contributory *Croupous Bronchitis* (Duration) — Yrs. — Mos. *20* Days.


SPECIAL INFORMATION
required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.
Former or usual residence, }
How long resident at place of death, }

Witness my hand this *23rd* day of *Dec.* 19*60*
(Signature) *S. H. Chalage* (M. D.)
(Residence) *136 West 70th St*

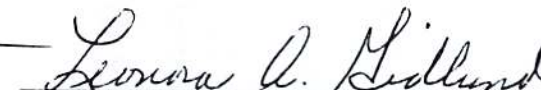
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES
MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 10007

This exact copy of a _____ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



Brian G. Andersson
Commissioner, Department of Records



Leonora A. Gidlund
Director, Municipal Archives

37870

Place of Burial,

Colony Cemetery

Parents Name

Date of Burial,

Dec 26/10

Frank A. Turner

Undertaker,

Jed J. Moloney

Place of Business,

No. 6. 28 St

BUREAU OF RECORDS
DEC 26 1910

N. B.—A certificate of death is a document of great importance. More than 23,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 24 hours after death, and where death has resulted from infectious or contagious disease, a certificate must be furnished by him **forthwith** (Sanitary Code, Section 135 and 161).
2. All physicians practicing in the City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 160).
3. If a person dies from **criminal violence** or **by a casualty**, or **suddenly while in apparent health**, or when **unattended by a physician** or **in prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroners' office (Chapter 410, Section 1773, Laws of 1882).
4. Certificates **will be returned for additional information**, which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hæmorrhage,	Miscarriage,	Tetanus.
Gangrene,	Necrosis,	

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. If it is not, the certificate should make that fact plain).

5. No certificate giving "**Heart failure,**" "**Dropsy,**" or other mere symptom, as the sole cause of death, will be accepted, unless accompanied by a satisfactory written explanation.

TO UNDERTAKERS.

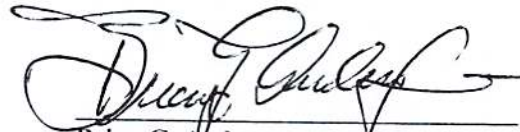
1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is **mutilated, illegible, inaccurate,** or any portion of which has been **erased, interlined, corrected** or **altered**, as all such change impair its value as a public record.

NO MUTILATED CERTIFICATES WILL BE RECEIVED

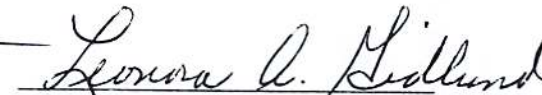
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