

BOROUGH OF

Manhattan

Department of Health of The City of New York

BUREAU OF RECORDS

CERTIFICATE OF DEATH 21885

Name of Institution

Metropolitan Hospital

Registered No.

21885

FULL NAME

Richard Butler

SEX

Male

COLOR OR RACE

White

MARRIAGE

Married

DATE OF DEATH

July 16 1917

DATE OF BIRTH

1 (Month) (Day) (Year)

AGE

53 yrs. mos. dt. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work
Business
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country)

N.S.

(A) How long in U. S. (If foreign-born)

Life

(B) How long resident in City of New York

Life

NAME OF FATHER

Petruck

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Catherine Fallon

BIRTHPLACE OF MOTHER (State or country)

Ireland

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

Former or usual residence

102 = 1st flr

Was any disease contracted, if not at place of death?

I hereby certify that the foregoing particulars (Nos. 1 to 16 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on July 14 1917, that I last saw her alive on the 16 day of July 1917, and that he died on the 16 day of July 1917, about 2:30 clock A.M. or P.M.; the diagnosis during her last illness was:

Pneumonia tubercularis
duration yrs. mos. ds.

Contributory causes were

duration yrs. mos. ds.

Witness my hand this 17 day of July 1917

Signature R. Kelly M. D.

House Physician

I hereby certify that I have this 1917 day of 1917 performed an autopsy upon the body of said deceased, and that the findings were:

Signature M. D.

Pathologist Hospital

FILED

JUL 18 1917

PLACE OF BURIAL

Holy Cross Cem July 20 1917

UNDERTAKER

George Kelly 424 42nd St. N.Y.C.

DATE OF BURIAL

ADDRESS