

Certificate of Death

156-49-302420
Certificate No.

FILED

1. NAME OF DECEASED **PATRICK** **MARTIN**
(Print or Type-write) First Name Middle Name Last Name Social Security Number

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State N. Y.
 (b) Co. Kings (c) Post Office and Zone Brooklyn
 (d) No. 43 Fulton Street Ave. St.
(If in rural area, give location)
 (e) Length of residence or stay in City of New York immediately prior to death Life

18 PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough Brooklyn
 (c) Name of Hospital or Institution 43 Fulton Street
(If not in hospital or institution, give street and number.)
 (d) Length of stay in Hospital immediately prior to death
 (e) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc. Lodging House

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *(write the word)* Married

17 DATE AND HOUR OF DEATH: (Month) (Day) (Year) (Hour) (M.)
February 4, 1949 P.

4 WIFE or HUSBAND of Marionette

19 SEX Male 20 APPROXIMATE AGE 55

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
April 13th, 1892

21. I hereby certify (a) that in accordance with Section 878-2.0 and 873-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body at Kings County Morgue

6 AGE 56 yrs. 9 mos. 21 days hrs. or min.
 If LESS than 1 day,

this 5th day of February 1949

7 A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
 B Industry of business in which work was done, as silk mill, sawmill, bank, own business, etc. Ship Yard

(b) that I examined the body and investigated the circumstances of this death, and

8 BIRTHPLACE OF DECEDENT (a) State N. Y. (c) City, Town or Village Brooklyn

I further certify from the investigation, (complete-autopsy)* (partial-autopsy)* (-incision)* and examination (e) that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes)* (accident)* (suicide)* (homicide)* (undetermined circumstances pending further investigation)*, and (o) that the causes of death were: Carcinoma of the Throat.

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? USA.

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR WWII

11 NAME OF FATHER OF DECEDENT Michael Martin

Signed Frank Hulme Assistant Medical Examiner

12 BIRTHPLACE OF FATHER (State or Country) Ireland

Approved James A. Temple Chief Medical Examiner

13 MAIDEN NAME OF MOTHER OF DECEDENT Eileen Farrell

14 BIRTHPLACE OF MOTHER (State or Country) Ireland

15 SIGNATURE OF INFORMANT Rose Martin RELATIONSHIP TO DECEASED Sister ADDRESS 917 - 81st St., Bklyn, N.Y.

16 PLACE OF BURIAL OR CREMATION St. John's Cemetery DATE OF BURIAL OR CREMATION February 7th, 1949

17 FUNERAL DIRECTOR Joseph P. Glavin ADDRESS 496 Court St., B'klyn, NY PERMIT NUMBER 872