

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

00841

County of *Philadelphia*
Township of *Philadelphia*
Borough of *Philadelphia*
City of *Philadelphia*

Registration District No. *36*
Primary Registration District No. *36*

File No. *19898*
Registered No. *19898*

Ward *1*
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME *John Mulligan*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX *M*
4. COLOR OR RACE *W*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
(Write the word.)
DATE OF BIRTH *Aug 8 1861*
(Month) (Day) (Year)
AGE *62*
If LESS than 1 day how many.....hrs. ormin.?

16. DATE OF DEATH *August 29 1923*
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from *8/13 1923* to *8/29 1923*
that I last saw him alive on *8/29 1923*
and that death occurred, on the date stated above, at *8:30 P.M.*
The CAUSE OF DEATH* was as follows:

8. OCCUPATION *Tipsstaff*
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country) *Phila*
10. NAME OF FATHER *Wm Mulligan*
11. BIRTHPLACE OF FATHER (State or Country) *Pa*
12. MAIDEN NAME OF MOTHER *Mary Ann Surtan*
13. BIRTHPLACE OF MOTHER (State or Country) *Pa*

90-96
Chronic Myocarditis
(Paroxysmal Jucly cardiac)
(Duration) *2* yrs. mos. ds.
Contributory (Secondary) _____ (Duration) yrs. mos. ds.
(Signed) *Thomas Klein* M.D.
8/30 1923 (Address) *1717 Pine St.*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Informant *Seabella J. Mulligan*
(Address) *2741 Sears St*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state the MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.
15. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).
At place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds.
Where was disease contracted, if not at place of death?
Fetus or neonatal infant

W. W. W.
Local Registrar

16. PLACE OF BURIAL OR REMOVAL *W. W. W.*
DATE OF BURIAL *Sept 1 1923*

SEP 1 1923