

CERTIFICATE AND RECORD OF DEATH

27446

OF
William Morgan

Sex <u>Male</u>	Color <u>White</u>	Place of Death <u>Metropolitan Hosp.</u>
Age <u>47</u> Yrs. <u> </u> Mos. <u> </u> Days <u> </u>	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title <u>Met. Hosp. B. I.</u>	
Single, married, widowed or divorced <u>Single</u>	Father's Name <u>George</u>	
Occupation <u>Carter</u>	Father's Birthplace <u>Germany</u>	
Place of Birth <u>N. S.</u>	Mother's Maiden Name <u>Janetta Muir</u>	
How long in U.S. if foreign born <u>Life</u>	Mother's Birthplace <u>Germany</u>	
How long resident in City of New York <u>Life</u>		

I hereby certify that deceased was admitted to this institution on Aug. 24th 1908, that I last saw him alive on the 7th day of Sept 1908, that he died on the 7th day of Sept 1908, about 3¹⁵ o'clock A.M., or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Tuberculosis Pulmonalis

Witness my hand this 7th day of Sept 1908

SPECIAL INFORMATION.	
Former Residence, <u>116 Bowery</u>	
How long Resident at Place of Death, <u>121 days</u>	

Signature, Chas. A. Ley M.D.
House Metropolitan Hosp.

I hereby certify that I have this _____ day of _____ 190____, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature, _____ M.D.
Pathologist _____ Hospital _____