

CERTIFICATE OF DEATH.

1.—Full Name,* Owen J. Clark

2.—Age, 25 years, 5 months, - days.

3.—Sex, Male, Female.* 4.—White, Colored.*

5.—Single, Married, Widower, Widowed.*

6.—Birthplace, Brooklyn 7.—Occupation, Carriage Driver

8.—If of foreign birth, how long in the U. S. - years. 9.—How long resident in City, Life years.

10.—Father's Birthplace,* Ireland 11.—Mother's Birthplace,* Ireland

12.—Place of Death,* No. 93 Wythe Ave. Brooklyn, Ward 14

13.—Number of Families in House, Six 14.—On what Floor, Second

15.—I HEREBY CERTIFY that I attended the deceased from Nov 1st 1892 to Feb 8th 1892, that I last saw him alive on the 5 day of Feb 1892, that he died on the 8th day of Feb 1892, about 10 o'clock A. M. ~~or P. M.~~, and that the following was the

16.—Cause of Death,* Time from attack till death,

I. Pneumonia Pulmonalis one year

II. Asthma



This Certificate delivered to _____ at _____ M., _____ 18__

Signed by, Joseph M. Williams M. D., No. 170 West 6th Street or Avenue, Address.

* See other side for explanations and directions.