

CERTIFICATE OF DEATH.

1.—Full Name,* Patrick J. Connell

2.—Age, 29 years, — months, — days.

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

5.—Single, Married, Widow, Widower.*

6.—Birthplace, N. I.

7.—Occupation, Bar tender

8.—If of foreign birth, how long in the U. S. — years.

9.—How long resident in City, 27 years.

10.—Father's Birthplace,* Ireland

11.—Mother's Birthplace,* Ireland

12.—Place of Death,* No. 101 President St. Brooklyn, Ward 6th

13.—Number of Families in House, one

14.—On what Floor, —

15.—I HEREBY CERTIFY that I attended the deceased from April 1892, to May 5th 1892, that I last saw him alive on the 5th day of April 1892; that he died on the 5th day of May 1892, about 3 o'clock A. or P. M., and that the following was the

16.—Cause of Death,* Pneumonia Time from attack till Death, 6 days

I. Asthma

II. —

This Certificate delivered to Undertaker at 7 P. M. May 5th 1892

Signed by John Harrigan M. D., No. 401 Clinton Street or Avenue. Address.

Medical Attendant.