

1 PLACE OF DEATH
BOROUGH OF BrooklynSTATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATHNo. 1010 Gates Av St.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.Registered No. 1512 FULL NAME William H. Keeler3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single 15 DATE OF DEATH Jan 1, 1923
(Month) (Day) (Year)6 DATE OF BIRTH Mar 3, 1872
(Month) (Day) (Year)7 AGE 50 yrs. 10 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) U.S.(9) How long in (A) U. S. (if of foreign birth) - (B) How long resident in City of New York life10 NAME OF FATHER William Keeler11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER May Kelly13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual Residence }

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from Jan 1 1923 to Jan 1 1923, that I last saw her alive on the 1 day of Jan 1923, that death occurred on the date stated above at 11 P. M., and that the cause of death was as follows:Chronic Endocarditisduration 5 yrs. - - mos. - - ds.Contributory (Secondary) -duration - yrs. - mos. - ds.Witness my hand this 2 day of Jan 1923Signature Charles Unice M. D.Address 143 Hancock St

FILED

17 PLACE OF BURIAL Cobary Cem.DATE OF BURIAL Jan 4, 192318 UNDERTAKER McSullivanADDRESS 785 Willoughby Av.

1251

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED