

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORK

County Alle
Town Green
or
Village _____
or
City _____ (No. _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 10
St. _____ Ward _____

1 FULL NAME Michael J. Kennedy

(18a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If apartment, give city or town and block)
Length of residence in city or town where death occurred yrs. mos. 25. How long in U. S., if of foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male 3 COLOR OR RACE White 4 SINGLE, MARRIED, WIDOWED OR DIVORCED married
5 IF MARRIED, WIDOWED OR DIVORCED (Name of last wife or husband) Olivia White
6 DATE OF BIRTH Aug 11, 1893
7 AGE Year 24 Months 9 Days _____ If LESS than 1 day, how many hrs. or min. _____
8 OCCUPATION (a) Trade, profession or particular kind of work Farmer
(b) Name, nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or Town) Brooklyn (State or Country) N.Y.

10 NAME OF FATHER John Kennedy

11 BIRTHPLACE OF FATHER (City or Town) Ireland (State or Country)

12 MAIDEN NAME OF MOTHER Thomasa Deviney

13 BIRTHPLACE OF MOTHER (City or Town) Ireland (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. J. Kennedy (Address) Livingston St. No. _____

15 Filed May 25, 1920 J. C. Deagan REGISTRAR

16 Permit issued by J. C. Deagan

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 23, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 22nd, 1920, to May 23rd, 1920, that I last saw deceased alive on May 23rd, 1920, and that death occurred on the date stated above, at 2:30 P.M. The CAUSE OF DEATH was as follows:

Stomach of The Liver
115

CONTRIBUTORY (secondary) _____ (fraction) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted, if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Sign of) J. M. O'Connell M.D.
May 25, 1920 (Address) Amsterdam

19 PLACE OF BURIAL (Name of Cemetery or in death from Veterans Cemetery, state (1) Name and place of burial and (2) the address, street, or hospital) Amsterdam

REMOVAL DATE OF BURIAL Amsterdam May 25, 1920

20 UNDERTAKER G. J. Deagan ADDRESS Amsterdam

DATE OF ISSUANCE May 25, 1920

See instructions on back of certificate