

1 PLACE OF DEATH [District No. 3301  
To be inserted by Registrar]

New York State Department of Health  
DIVISION OF VITAL STATISTICS

2731

STATE OF NEW YORK

County Onondaga  
Town \_\_\_\_\_  
Village \_\_\_\_\_  
City Syracuse

3300

CERTIFICATE OF DEATH

Registered No. 95  
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. Joseph's Hospital Sec. 9 Ward

2 FULL NAME Joseph W. McCarthy  
3 Residence No. Jacks Reefs (Usual place of abode) Sec. 9 Ward. Jacks Reefs  
4 Length of residence in district where death occurred Years \_\_\_\_\_ Months \_\_\_\_\_ Days 10  
5 How long in U. S., if of foreign birth? Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

6 SEX Male 7 COLOR OR RACE White 8 Single, Married, Widowed, or Divorced (Write the word) Married

9a If MARRIED, WIDOWED OR DIVORCED Husband of (or) Wife of Ira Heffron

9 DATE OF BIRTH (month, day and year) Dec. 25-1881

10 AGE Years 55 Months 0 Days 17 If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

OCCUPATION 11 Trade, profession, or particular kind of work done, as carpenter, Sawyer, bookbinder, etc. Hotel keeper  
12 Industry or business in which work was done, as silk mill, cannery, bank, etc. Owner  
13 Date deceased last worked at (the occupation (month and year) March 1937 14 Total time (years) spent in this occupation 17

15 BIRTHPLACE (City or Town) (State or Country) Syracuse, N.Y.

FATHER 16 NAME John C. McCarthy

17 BIRTHPLACE (City or Town) (State or Country) Ireland

MOTHER 18 MAIDEN NAME Elizabeth McGrand

19 BIRTHPLACE (City or Town) (State or Country) Albany N.Y.

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature of Informant) Ira H. McCarthy (Address) Jacks Reefs N.Y.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Agnes Cem. DATE OF BURIAL Jan 16 1937

22 UNDERTAKER (License No.) 780 ADDRESS Mullin & McCourtly 111 W. Castle St.

23 Filed JAN 14 1937 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day and year) January 12<sup>th</sup> 1937

25 I, REBEY CERTIFY, that I attended deceased from Dec 27, 1936, to Jan 12, 1937. I last saw him alive on Jan 12, 1937. To the best of my knowledge, death occurred on the date stated above, at 7:30 P.M.

CAUSE OF DEATH\* Hemorrhage of abdomen (119)

CONTRIBUTORY CAUSES (a) Secondary Anemia (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_

DURATION OF CONDITION

Yrs.	Mo.	Days
		<u>17</u>
		<u>17</u>

26 Where was disease contracted, or injury sustained? \_\_\_\_\_

27 Name of operation, if any \_\_\_\_\_ Date 7/12  
Condition for which performed \_\_\_\_\_  
Organ or part affected \_\_\_\_\_

28 What laboratory test assisted diagnosis? \_\_\_\_\_

29 Was there an autopsy? No  
(Signed) Rebey M.D. 1039 Michigan St.  
Date Jan 13<sup>th</sup> 1937 (Address) \_\_\_\_\_  
\*See reverse side for instructions.

Burial or Transit } Permit issued by [Signature] Date of Issue JAN 14 1937  
THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH