

Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

72

BOROUGH OF Brooklyn

No. 633 East 16

Character of premises, whether tenement, private, hotel, hospital, or other place, etc. Apartment

Registered No. 2279

* FULL NAME Joseph J. McGuinity

1 SEX male 2 COLOR OR RACE White 3 SINGLE MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

15 DATE OF DEATH Nov. 14 1929
(Month) (Day) (Year)

4 DATE OF BIRTH March 19 1871
(Month) (Day) (Year)

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 March 1 1929 to Nov. 14 1929, that I last saw him alive on the 14 day of March 1929, that death occurred on the date stated above at 6 A.M., and that the cause of death was as follows:

7 AGE 58 yrs. 8 mos. 26 ds. 11 LESS than 1 day, ____ hrs. or ____ min.

Carcinoma Urinary Bladder

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business or establishment in which employed (for employer) Ball player.

9 BIRTHPLACE (State or country) U.S.

duration ____ yrs. 6 mos. ____ da.

(1) How long in U. S. (2 of foreign birth) (2) How long resident in City of New York 3 1/2 yrs.

Contributory (Secondary) _____

10 NAME OF FATHER Peter McGuinity

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) England

duration ____ yrs. ____ mos. ____ da.
Witness my hand this 14 day of Nov. 1929

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

Signature R.S. Robertson M. D.

Former or usual Residence _____
Address 631 East 18 St Bklyn.

Address _____

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

FILED _____

17 PLACE OF BURIAL Oklabama
McAllister Cemetery
18 UNDERSTANDING William H. Cornell

DATE OF DEATH Nov 16 1929

ADDRESS 1210 Liberty St

Permit 457