

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BROUOH OF *Brooklyn*

132 St Mark Pl. St.

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

Tenement

Registered No. **23223**

2 FULL NAME *Daniel Joseph Murphy*

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married* (Write the word)

15 DATE OF DEATH *Dec. 14, 1915* (Month) (Day) (Year)

6 DATE OF BIRTH *Sept. 10, 1865* (Month) (Day) (Year)

7 AGE *50* yrs. *3* mos. *4* ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Machinist* (b) General nature of industry, business or establishment in which employed (or employer) *Lumber Mill*

9 BIRTHPLACE (State or country) *Brooklyn, N.Y.*

10 How long in U. S. (if foreign birth) (A) How long resident in City of New York (B) *Life*

11 NAME OF FATHER *Daniel Murphy*

12 BIRTHPLACE OF FATHER (State or country) *Ireland*

13 MAIDEN NAME OF MOTHER *Bridget McCaffrey*

14 BIRTHPLACE OF MOTHER (State or country) *Ireland*

15 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 *Oct. 14, 1915* to *Dec. 14, 1915*, that I last saw *him* alive on the *14th* day of *Dec.* 1915, that death occurred on the date stated above at *4:20 P.M.*, and that the cause of death was as follows:

*Carcinoma - sigmoid flexure
Colon - partial obstruction*

duration *1* yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

duration _____ yrs. _____ mos. _____ ds.

Witness my hand this *14th* day of *Dec.* 1915

Signature *Judson P. Compton* M. D.

Address *91-6 Ave. Brooklyn*

FILED

17 PLACE OF BURIAL *Holy Cross Cemetery, Dec 17th 1915* DATE OF BURIAL

18 UNDERTAKER *Frank W. Stark* ADDRESS *136 South St.*