

CITY OF

Manhattan

Department of Health of The City of New York
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

1. Name of Institution *Starbuck Starbuck*

Registered No. *30231*

2. FULL NAME *Francis J. Murphy*

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

5. DATE OF DEATH *December 15th 1915*
(Month) (Day) (Year)

6. PLACE OF BIRTH
Month: () Day: () Year: ()

7. I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on *8-22-1912*, that I last saw him alive on the *12th* day of *February* 1915, that he died on the *15th* day of *February* 1915, about *6⁰⁰* o'clock A. M. on *Feb*, and that I am unable to state definitely the cause of death; the diagnosis during his last illness was *Perforating Gastric Ulcer*.

8. AGE *56*
IF LESS than 1 day, ... hrs. or ... min.?

9. duration: yrs. mos. ds.
Contributory Cause: *Chorea, myocarditis*
(Secondary) duration: yrs. mos. ds.

9. OCCUPATION
a. Trade, profession, or "usual" kind of work *Butcher*
b. General nature of industry, process or establishment in which employed (or employer)

10. Witness my hand this *15th* day of *February* 1915
Signature *R. G. Macmillan* M. D.
House Surgeon

10. BIRTHPLACE
State or country *U. S.*

11. NAME OF FATHER *Michael*

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

13. MAIDEN NAME OF MOTHER *Catherine King*

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

11. I hereby certify that I have this *15th* day of *February* 1915, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

15. Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.
Home or usual residence *129 West 128th St.*

Signature _____ M. D.
Pathologist _____ Hospital _____

16. Was disease contracted, if not at place of death?

17. FILED
18. PLACE OF BURIAL *Calvary*
19. UNDERTAKER *Frank Richard*

20. DATE OF BURIAL *Dec 17 1915*
ADDRESS *206 W 13th St*