

1 PLACE OF DEATH

MADISON COUNTY STATE OF NEW YORK

BOFOUGH OF Queens

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution St. Anthony'sRegister No. 32782 FULL NAME Johal O'Neil3 SEX Male4 COLOR OR RACE White5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Single

15 DATE OF DEATH

July 20 1922  
(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year) 1

7 AGE

47 yrs. mos. ds. or min. If LESS than 1 day, hrs. min.

8 OCCUPATION

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) United States(A) How long in U. S. (if of foreign birth) Life(B) How long resident in City of New York Life10 NAME OF FATHER Samuel O'Neil11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Ellen Elston13 BIRTHPLACE OF MOTHER (State or country) Ireland

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

Former or usual residence } 7523 3rd Ave Brooklyn N.Y.

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

16 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 June 29 1922, that I last saw him alive on the 20 day of July 1922, that he died on the 20 day of July 1922, about 4 o'clock P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Pulmonary Phthisis

duration yrs. mos. ds.

Contributory (Secondary)

duration yrs. mos. ds.

Witness my hand this 20 day of July 1922Signature Sam. A. ... M.D.House St. Anthony's

17 I hereby certify that I have this 19 day of July 1922, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature \_\_\_\_\_ M. D.

Pathologist \_\_\_\_\_ Hospital \_\_\_\_\_

FILED

JUL 22 1920

18 PLACE OF BURIAL St. John'sSt. John's Cem., New Brunswick DATE OF BURIAL July 22 192019 UNDERTAKER Francis S. Spaulding106 Oldfield Ave. ADDRESS

# 510

MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED