

THE CITY OF NEW YORK,
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate, 21421

CERTIFICATE AND RECORD OF DEATH

James H. Shanley

Sex <i>Male</i>	Color <i>White</i>	Place of Death <i>338 Jay St Brooklyn</i>
Age <i>50</i> Yrs. <i>6</i> Mos. _____ Days	Character of premises, whether tenement, tavern, etc. If hotel, hospital or other institution, state full title <i>Private - 4</i>	
Single, Married, Widowed or Divorced <i>Married</i>	Father's Name <i>John</i>	
Occupation <i>Non. Retired</i>	Father's Birthplace <i>Ireland</i>	
Birthplace <i>Brooklyn</i>	Mother's Maiden Name <i>Bridget Spaulding</i>	
How long in U.S., if foreign birth _____	Mother's Birthplace <i>Ireland</i>	
How long resident in City of New York <i>50 yrs 6 mo</i>		

I hereby certify that I attended deceased from *April 7th* 1904 to *Nov 4th* 1904, that I last saw *him* alive on the *4th* day of *November* 1904, that he died on the *4th* day of *November* 1904, about *10* o'clock *A. M.*, or P. M. and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Chronic Nephritis
Uræmic Coma

SPECIAL INFORMATION

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

Former or usual residence } _____

How long resident at place of death } _____

Witness my hand this *5th* day of *November* 1904(Signature) *George Drury* (M. D.)(Residence) *235 Washington**Brooklyn*