

1 PLACE OF DEATH

County Broome  
Town Dickinson  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_

STANDARD CERTIFICATE OF DEATH  
STATE OF NEW YORK

Registered No. 31

(No. 3 Broome County, Almond, 1st, 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Charles Albert Dorr

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single

16 DATE OF DEATH June 16, 1914  
(Month) (Day) (Year)

6 DATE OF BIRTH 2, 2, 1862  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from apr 30, 1914, to June 16, 1914.

7 AGE 52 yrs. 0 mos. 0 ds. If LESS than 1 yr., see many hrs. or min.

that I last saw him live on June 15, 1914, and that death occurred, on the date stated above, at 8 pm. The CAUSE OF DEATH\* was as follows:

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

Cerebral Haemorrhage

9 BIRTHPLACE (State or country) New York

(Duration) yrs. 1 mos. 0 ds.

10 NAME OF FATHER James Dorr

Contributory Alcoholism and  
(Secondary) yminal arterio sclerosis  
(Duration) yrs. 1 mos. 1 ds.

11 BIRTHPLACE OF FATHER (State or country) Ireland

(Signed) Henry C. Lewis, M.D.  
June 17, 1914 (Address) Brynhampton N.Y.

12 MOTHER'S NAME OF MOTHER Hester Butler

\*State the DISEASE CAUSING DEATH, or in deaths from VALENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SCEDUAL, or HOSPITAL.

13 BIRTHPLACE OF MOTHER (State or country) New York

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. 02 ds. State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Will R Dorr

Who was disease contracted if not at place of death?  
Former or usual residence #126 Natural Bridge

(Address) 167 Peace St. NY City

19 PLACE OF BURIAL OR REMOVAL Shawwood Cem. 20 DATE OF BURIAL June 19, 1914

15 Filed June 16, 1914 A L McLean  
REGISTRAR

20 UNDERTAKER McDermott Bros ADDRESS Brynhampton N.Y.

Burial or Transit Permit issued by A L McLean

Date of issue June 16/14