

PLACE OF DEATH [District No. 501  
To be inserted by Registrar]New York State Department of Health  
DIVISION OF VITAL STATISTICS

53343

STATE OF NEW YORK

## CERTIFICATE OF DEATH

Registered No. 421County Cayuga

Town \_\_\_\_\_

Village \_\_\_\_\_

City Auburn(No. 207 Perrine AvenueSt. 7 Ward)

[If death occurred in a hospital or institution, give the NAME instead of street and number]

2 FULL NAME Michael J. Dorsey3 Residence No. 207 Perrine Ave. St. 7 Ward.

(Usual place of abode)

(If nonresident, give city or town and state)

4 Length of residence in district where death occurred

20 Years

Months

Days

5 How long in U. S. if of foreign birth?

70 Years

Months

Days

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

6 SEX: M7 COLOR OR RACE: W8 Single, Married, Widowed, or Divorced (If write the word) single24 DATE OF DEATH Nov 3 (month, day and year) 19386a IF MARRIED, WIDOWED OR DIVORCED  
Husband of \_\_\_\_\_  
(or) Wife of \_\_\_\_\_25 I HEREBY CERTIFY That I attended deceased from Oct 28 1938 to Nov 3 19389 DATE OF BIRTH (month, day and year) unknownI last saw alive on Nov 2 193810 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84To the best of my knowledge, death occurred on the date stated above, at 7:30 PM in11 Trade, profession, or particular kind of work done, as printer, seaman, housekeeper, etc. pro. ball player

CAUSE OF DEATH

12 Industry or business in which work was done, as silk reeling, cannery, bank, etc. southern leaguesSenility13 Date discontinued last worked at this occupation (month and year) 1900 14 Total time (years) spent in this occupation about 45 yrs

CONTRIBUTORY CAUSES

15 BIRTHPLACE (City or Town) Canada (State or Country)(a) Acute Cold 716 NAME Michael Dorsey

(b) \_\_\_\_\_

17 BIRTHPLACE (City or Town) Ireland (State or Country)(c) 104.1 / 6218 MAIDEN NAME Margaret Doyle

(d) \_\_\_\_\_

19 BIRTHPLACE (City or Town) Ireland (State or Country)26 Where and disease contracted, or injury sustained? Auburn NY20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature of Informant) W. J. Dorsey  
(Age) 25 Boysen Street Auburn27 Name of operation, if any none Date \_\_\_\_\_  
Condition for which performed \_\_\_\_\_  
Organ or part affected \_\_\_\_\_

21 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Saint Joseph's Cem.11/7-3822 UNDERTAKER (License No.) 187

ADDRESS

Frederick J. Barrell114 Janet st.Frederick J. Barrell28 What laboratory test assisted diagnosis? none23 Filed Nov. 5, 1938Arne H. Barrell

Registrar

29 Was there an autopsy? no  
(Signed) William P. Walsh M.D.  
Nov 4 1938 (Address) Auburn NY

\*See reverse side for instructions

Burial or Transit } Permit issued by Arne H. Barrell Date of Issue Nov. 5, 1938.

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH