

Department of Health of the City of Brooklyn.

14720

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH,
OFFICE OF REGISTER

Full Name, * *Edward C. Duffy*

OCT 18 1888

Age, *44* years, *6* months, *—* days.

BROOKLYN, N. Y.

Sex, Male, Female, ~~Female~~ *4.* — White, Colored.*

Single, Married, Widower, ~~Widow~~.*

Birthplace, *Ireland*

7.— Occupation, *—*

If of Foreign birth, how long in the U. S., *40* years.

8.— How long resident in City, *40* years.

Father's Birthplace, * *Ireland*

11.— Mother's Birthplace, * *Ireland*

Place of Death, * No. *133 Bedford Ave*

Brooklyn, Ward, *14*

Number of Families in House, *one*

14.— On what Floor, *First*

I HEREBY CERTIFY that I attended the deceased from *July* 188*8*, to *Oct* 188*8*.

that I last saw him alive on the *16* day of *Oct* 188*8*; that he died on the

16 day of *Oct* 188*8*, about *—* o'clock, A. M. or P. M., and that the following was the

Cause of Death: *
I. *Chronic Nephritis*
II. *Coma*

Time from Attack till Death.

About One Year

Certificate delivered to *Dr. Harnett*

at *79* No. *Bedford* 17 188*8*.

and by *C. West* M. D.,
Medical Attendant.

No. *572* Address, *Bedford* or Avenue.