

1 PLACE OF DEATH

STATE OF NEW YORK

BOROUGH OF

Manhattan

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution

Regiment Hospital

Register No.

53706

2 FULL NAME

Jeremiah Hurley

8 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE,
MARRIED,
WIDOWED,
or DIVORCED
(Write the word)*Single*

15 DATE OF DEATH

Dec. 27th 1919
(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

44 yrs. mos. ds. or min.

If LESS than

1 day, hrs.

min.

8 OCCUPATION

(a) Trade, profession of particular kind of work

Ball Player

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

9 BIRTHPLACE

(State or country)

NY city

(A) How long in U. S. (if of foreign birth)

L.

(B) How long resident in City of New York

L.

10 NAME OF FATHER

Daniel Hurley

11 BIRTHPLACE OF FATHER (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Ann Hurley

13 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

Amadale, I.S.

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

Nov. 29th 1919, that I last saw him alive on the *27th* day of *Dec.* 1919, that he died on the *27th* day of *Dec.* 1919, about *12* o'clock *A.* M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Tuberculosis
Tuberculosis Pericarditis
duration yrs. *1* mos. ds.

Contributory

(Secondary)

duration yrs. mos. ds.

Witness my hand this day of 19

Signature *C. S. Knapp* M.D.House *Physician*

17 I hereby certify that I have this day of 19, 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

18 PLACE OF BURIAL

Cathary Cem.

DATE OF BURIAL

Dec. 31 1919

19 UNDERTAKER

Denis Buckley
Warren Thomas

ADDRESS

547-10th Ave

NO MUTILATED CERTIFICATE WILL BE RECEIVED

PARENTS OF DECEASED