

11450

Certificate of Death.

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1.—Full Name,*

James McDermott

2.—Age, 35 years, months, days.

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

5.—Single, Married, Widowed, Widower*

6.—Birthplace, Brooklyn

7.—Occupation, Clerk

8.—If of foreign birth, how long in the U. S. 5 years.

9.—How long resident in City, 5 years.

10.—Father's Birthplace,* Ireland

11.—Mother's Birthplace,* Ireland

12.—Place of Death,* No. 57 Main St

Brooklyn, Ward 2

13.—Number of Families in House, 2

14.—On what Floor, 2

15.—I HEREBY CERTIFY that I attended the deceased from 1 visit 1882, to 1882;

that I last saw him alive on the 3rd day of Sept 1882; that he died on the

4th day of Sept 1882 about 1 o'clock A. M. or thereabouts and that the following was the

16.—Cause of Death,*

Time from attack till death.

I.

Apoplexy

about 3 1/2 hours

II.

This Certificate delivered to _____ at _____ M., 1882

Signed by A. Otterbein M. D., Medical Attendant.

No. 129th Street Address.