

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE AND RECORD OF DEATH

Suffolk  
Town of  
at  
Village of  
of  
City of  
Central Islip

Registered No. 3487

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

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
Full Name of Deceased  
(If an infant not named give family name.)  
John Valentini

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

PLACE OF DEATH  
Manhattan State Hospital  
Central Islip, N.Y.

DATE OF DEATH

October 10, 1903

HOW LONG RESIDENT HERE  
4 months 17 days  
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

I HEREBY CERTIFY, that I attended deceased from 1903 to October 10, 1903

AGE 47 YEARS MONTHS DAYS

and that death occurred on the date stated above at 3 P. M. To the best of my knowledge and belief the cause of death was as follows:

SEX Male COLOR white

CHIEF CAUSE  
Pneumonia

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

OCCUPATION  
None

CONTRIBUTORY  
Pneumonia

BIRTHPLACE STATE OR COUNTRY U.S.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER STATE OR COUNTRY U.S.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER STATE OR COUNTRY U.S.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Signed) Irving Lee Walker M.D.  
Oct 10, 1903 (Address) Central Islip, N.Y.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence Brookbridge How long at place of death? 137 days  
Where was disease contracted, if not at place of death? Unknown.

INFORMANT  
Communitarian Paper

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Greenwood, Kings Co. 10 12 1903

(Address)

UNDERTAKER  
C. J. [Name] ADDRESS  
Islip