DIVISION OF VITAL STATISTICS

Dist. No. 3301
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 441

1 PLACE OF DEATH: STATE OF NEW YORK

County Onondaga
Town
Village
City Syracuse 9th Ward
No. St. Joseph's Hospital St.
(If a hospital or institution give its NAME instead of street and number)
Length of stay:
In hospital or institution ... yrs. ... mos. 11 days
In town, village or city 20 yrs. ... mos. ... days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give residence prior to admission)

State New York
County Onondaga
Town
Village
City Syracuse N.Y.
No. 145 Clifton Pl. St.
Is residence within limits of city or incorporated village? yes

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3 Full Name Frank J. Corridon

4 (a) Social Security No. 105 - 05 - 3961
4 (b) If Veteran, Name War No

5 Sex: Male
6 Color or Race: White
7 Single, Married, Widowed, or Divorced (Write the word): Married

8 If married, widowed or divorced, Name of Husband (or) Wife: Mary A. Sullivan — Age if alive 57 years

9 Date of Birth (month, day, year): Nov. 25 1880

10 Age: Years 60 — Months 2 — Days 27 — If less than 1 day ... hrs. or ... min.

11 Usual occupation: Mfgr. of Electric Head Lights
12 Industry or business: Electric Shop
13 Birthplace (City or Town) (State or Country): Newport R.I.

Father:
14 Name: John Corridon
15 Birthplace (City or Town) (State or Country): Ireland

Mother:
16 Maiden Name: Mary Galvin
17 Birthplace (City or Town) (State or Country): Ireland

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's signature: Mrs Frank Corridon
Address: 145 Clifton Pl.

19 Place of burial, cremation or removal: St. Mary's - Syracuse, N.Y.
Date of burial: March 24, 41

20 Undertaker or person in charge (Signature): John B. Mahoney
Address: 308 Court St. Syracuse N.Y.
Undertaker's License No. 4680

21 Date received: B 23 1941, 19
B. M. Mitchell
Signature of Registrar or Subregistrar

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year): Feb. 21, 1941

23 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1940, to Feb. 21, 1941
I last saw him alive on Feb. 21, 1941
To the best of my knowledge, death occurred on the date stated above, at 10 45 P. m.

Duration of Condition		
Yrs.	Mos.	Dys.
		3

Immediate cause of death: [illegible] 127
Due to: [illegible]
Due to:
365 56

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: [illegible]
Of autopsy:
What laboratory test was made? [illegible]

PHYSICIAN Underline the cause to which death should be charged.

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

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25 Signature [illegible] M.D.
Address [illegible] Date 2/22/41

Burial or Transit Permit issued by B. M. Mitchell
Date of issue FEB 23 1941