

# THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

DEPARTMENT OF RECORDS  
DEPARTMENT OF HEALTH  
CITY OF QUEENS  
FILED

## Certificate of Death

56-66-401453

Certificate No. \_\_\_\_\_

FEB 1 AM 11:11

1. NAME OF DECEASED JOHN F. DOWLING  
(Print or Typewrite) First Name Middle Name Last Name

**PERSONAL PARTICULARS**  
(To be filled in by Funeral Director)

2. USUAL RESIDENCE: (a) State New York  
(b) Co. Queens (c) City or Town Corona  
(d) No. 41 30 Junction Blvd. Ave. St.  
(e) Length of residence or stay in City of New York immediately prior to death 53 yrs

3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

4. DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
Mar 27 1907

5. AGE 58 yrs. If under 1 year (mos. days) IF LESS than 1 day (hrs. or min.)

6. Occupation  
a. Usual Occupation (Kind of work done during most of working life, or if retired) Electric operator  
b. Kind of Business or Industry in which this work was done. 41 30 Blvd.

7. SOCIAL SECURITY NO. 115-03-3487

8. BIRTHPLACE (State or Foreign Country) Boston Mass.

9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U.S.A.

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? Yes 10b. IF YES, Give war or dates of service. WW II

11. NAME OF FATHER OF DECEDENT John

12. MAIDEN NAME OF MOTHER OF DECEDENT Mary Murphy

13. NAME OF INFORMANT Winifred Dowling RELATIONSHIP TO DECEASED wife

14a. Name of Cemetery or Crematory Long Island National 14b. Location (City, Town or County and State) Farmingdale N.Y.

15. FUNERAL DIRECTOR Walter S. Cooke ADDRESS 80-20 Roosevelt Ave.

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by the Physician)

16. PLACE OF DEATH: QUEENS  
(a) NEW YORK CITY: (b) Borough  
(c) Name of Hospital or Institution CITY HOSP. AT ELMHURST, DOA  
(If not in hospital or institution, give street and number)  
(d) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc.

17. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) M.  
January 30, 1966 7:10a.

18. SEX Male 19. Approximate Age 58 yrs.

20. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at \_\_\_\_\_

Queensboro Mortuary  
this 31st day of January 19 66

I further certify from the investigation and post mortem examination (with) (without) autopsy that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes) (accident) (suicide) (homicide) (undetermined) and that the causes of death were:

**PART I**  
(a) Immediate Cause due to COR PULMONALE: CHRONIC BRONCHIECTASIS WITH EMPHYSEMA:  
(b) and (c) Antecedent Causes with Primary Cause Stated Last due to HYPERTENSIVE CARDIOVASCULAR DISEASE.

**Part II**  
Contributory Causes \_\_\_\_\_

M. E. Case No. 446 Signed [Signature] M.D. (Assistant) [Signature] Medical Examiner

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK



This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon; as no inquiry as to the facts has been provided by law.

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DATE ISSUED Nov 19, 2010

Steven P. Schwartz  
Steven P. Schwartz, Ph.D., City Registrar

