

OCT 17 1983

Date

2

1 PLACE OF DEATH

BOROUGH OF Manhattan

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
CERTIFICATE OF DEATH

No. Belleuve Hospital St.
(If institution, state name)

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.....

Registered No. _____

4979

2 FULL NAME George Goodchild

4079

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

15 DATE OF DEATH February 11, 1927
(Month) (Day) (Year)

6 DATE OF BIRTH _____
(Month) (Day) (Year)

7 AGE 7 yrs. 7 mos. 7 ds. or 7 hrs. 7 min. 7 sec.
If LESS than 1 day

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 I have this 11 day of Feb. 1927, taken charge of the body of deceased found at City Mortuary and that I have investigated the essential facts concerning the circumstances of the death.

8 OCCUPATION (a) Trade, profession, or particular kind of work Schoolboy
(b) General nature of industry, business or establishment in which employed (or employer)

17 I further certify that I have viewed said body and from Examination and evidence, that he died on the 11 day of Feb. 1927, at 9:40 A.M., and that the chief and determining cause of his death was Scalds of body (accidental) Scalded by a pot of hot water overturned by another child onto deceased.

9 BIRTHPLACE (State or country) W. I.
(9) How long in U. S. (if of foreign birth) Life (9) How long resident in City of New York Life

that the contributing causes were.....

10 NAME OF FATHER Edward J.
11 BIRTHPLACE OF FATHER (State or country) US
12 MAIDEN NAME OF MOTHER Josephine Walsh
13 BIRTHPLACE OF MOTHER (State or country) W.I.

J.A. Szwed
Assistant Medical Examiner
Approved _____
Chief Medical Examiner

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.
Former or Usual Residence: 505 W. 19th St.

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

FILED _____
18 PLACE OF BURIAL Jersey City Cem. DATE OF BURIAL Feb 14 1927
19 UNDERTAKER Richard J. Coleman ADDRESS 241 W 14th St
#558

This is to certify that the foregoing is a true copy of a record in my custody.

Jane A. Scanlon
CITY REGISTRAR

The Department of Health 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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