BROUGH OF MAINTAILAN  FILED  Certificate of Death  FIRE Name  None  Certificate No. 13274  None  Certificate No. 13274  None  FIRE Name  Midde Name  Lat Name  Social Security Number  FIRE Name  Midde Name  Lat Name  Social Security Number  FIRE Name  Midde Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  MEDICAL CERTIFICATE OF DEATH  Growth Midde Name  Late Name  (a) NEW YORK CITY (b) Berough  (b) New YORK CITY (b) Berough  (c) New YORK CITY (b) Berough  (d) Learnth of that y at place of strend or outstands on postpricts and number.)  (d) Learnth of that y at place of strend or outstands on postpricts and number.)  MEDICAL CERTIFICATE OF DEATH  (e) NEW YORK CITY (b) Berough  (e) New YORK CITY (b) Berough  (f) New YORK CITY (b) Berough  (e) New YORK CITY (b) Berough  (f) New YORK CITY (b) Berough  (g) Death of stay at place of strend  (g) Learnth of stay at place of strend  (g)	BUNEAU OF RECORDS				
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DECEDENT March 18 1856  5 AGE 50 yrs. 2 mos. 20 days hrs. or min.  ATTAGE profession, or particular kind of work done, as spinner. HOUSeWORK  B Industry or business in which work done, as spinner. HOUSeWORK  B Industry or business in which work done, as spinner. HOUSeWORK  B Industry or business in which work done, as spinner. HOUSeWORK  B Industry or business in which work was done as slik mill.  OWN home  I further certify that death 7 work caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.  AT THE OF DEATH?  WAS DECEDENT A CHIZENT  OWN AND VERANT  B HET PLACE  TO BEEDENT Edward Walsh  To BAIDEN NAME  OF DECEDENT To Channe Flanerty  The Address words that do not apply.  The BIRTHPLACE  OF MONTHER OF INCOMMANI  The HORDER OF BURIAL  The BIRTHPLACE  OF MONTHER THE LEAST OF BURIAL  The Control of Co	S DATE OF (Month)		Jemste	Evhile 20 Approximate A	90
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dential medical report filed with the Department of Health.  If urther certify that death f due to communicable disease requiring special preparation for shipment by common carrier.  It name of Edward Walsh  DECEDENT Edward Walsh  It sufficients on reverse of certificate.  Cross out words that do not apply.  Cross out words that do not apply.  See first instruction on reverse of certificate.  Witness my hand this & dady of former in the confinence of the property of the common carrier.  Cross out words that do not apply.  Cross out words that do not apply.  See first instruction on reverse of certificate.  Witness my hand this & dady of former in the confinence of the common carrier.  Signature Common carrier.  Signature Common carrier.  Signature Common carrier.  Signature Common carrier.  Address Michael Common carrier.  A Cross out words that do not apply.  A C	N V (c) City T				
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Cross out words that do not apply.  12 BIRTHPLACE OF FATHER OF ADDRESS Treland  Witness my hand this Adday of  13 Madden Name OF MOTHER OF BURIAL OF SURIAL OF CREMATION JUNE 11, 1946  ADDRESS 404 West 51st St. The PERMIT	WAR VETERAN?		cable disease requiring special preparation for shipment by		
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OF FATHER  SCATTAGE OF COUNTY DE L'ITEL AND  SIGNATURE OF MOTHER  OF COlumbus Ave., NYC  DATE OF BURIAL  OF CREMATION  DATE OF BURIAL  OF CREMATION  ADDRESS 404 West 51st St. The PERMIT	D 12 BIRTHPLACE		t See first instruction on reverse of certificate.		
OF MOTHER JOHANNA Flaherty  Signature  Signature  Signature  Signature  Address  Address  Fine Of Burial Johanna  Flaherty  Signature  Address  Address  Address  Address  Address  Address  Appress  Columbus Ave., NYC  Daughter  OF CREMATION  ADDRESS 404 West 51st St. NYC  ADDRESS 405 WEST ST.	OF FATHER I Peland		The second secon	A MO	
Address Fulland  If SIGNATURE OF INFORMANT    Address Fulland   Address Fulland   Address Fulland   Address Fulland			The second secon	this & theday of free 1941	Ç
If SIGNATURE OF INFORMANT  Therma: Noodchild  RELATIONSHIP TO DECEASED  Daughter  Daughter  Date of BURIAL  OR CREMATION  June 11, 1946  ADDRESS 404 West 51st St. The PERMIT	G 14 BIRTHPLACE	y	Signature 2	Swin O' Rome M. D.	
Daughter Date of Burial Jersey City Cemetery Date of Burial June 11, 1946  22 Prace of Burial Jersey City Cemetery Date of Burial OR CREMATION June 11, 1946  23 FUNERAL E. Devlin, Inc Address 404 West 51st St. Appleaming				Fricherfocker Ologo	
23 FUNERAL E. Devlin, Inc ADDRESS 404 West 51st St. TRAPPERMIT	Johanna Doodchild	Denahtan	CEASED	Appless Golamb	
23 FUNERAL E. Devlin, Inc ADDRESS 404 West 51st St. TRAPPERMIT	22 PHACE OF BURIAL Jersey City Com-	et env	ATE OF BUDIAS	1 . 20 COLUMDUS AVe. NYC	
TOT WEST STOP SKMIT	23 FUNERAL E. Devlin I		R CREMATION	June 11, 1946	
BUREAU OF PECONDS (VICNUMBER 10)4()		ADDRESS	404 West	51st St, NY Chumber 1040	
BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH 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. 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.

IRENE A SCANLON CITY REGISTRAR

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BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK