Department Department	nt of Health of The City of New York BUREAU OF RECORDS CERTIFICATE OF DEATH
One of premises. (If institution, state name) was senement, private, was senement, private, be refital or other place, etc.	St. 7650 Registered No.
NAME SINGLE, MARIED, WINDOWED, OR DIVORCEB (Write the word)	15 DATE OF DEATH 15 DATE OF DEATH Nonth (Lay) (Year)
(Month) (Day) (Year) (South) (Day) (Year) If LESS than 1 day,hrs. ormin.?	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 day of 1915, taken charge of the body of deceased found at 1776 further
isear kind of work	and that an inquest thereof is pending. Jeven Coroner. I hereby certify that I have viewed said body and from Approximation.
(How long in 8. (if of forestand by the season of New York 2) 18 NAME OF SATHER II BIRTHPLACE OF PATHER (State or constry) (State or constry)	and evidence, that I he died on the Liday of white 1915, at I M., and that the chief and determining cause of her death was My Toppen Lucy Continued
13 BIRTHPLACE OF MOTHER (State or country) Decial INFORMATION required in deaths in hospitals and instituted in deaths of non-residents and recent residents.	that the contributory causes were
FILED 1915 19 UNDERVAKER	Coroner's Physician. Tom Emistry Lic 26-, 1915. ADDRESS LUCAN HILLONIAN ADDRESS

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES MUNICIPAL ARCHIVES

31 Chambers Street New York, N.Y. 10007

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reproduction or alteration of t	this transcript is prohibited by Section 3.21 of the New Yor
City Health Code.	
0 10	ord, the Department of Records and Information Service the statements made thereon, as no inquiry to the facts h
7 MA	

Brian G. Andersson

Commissioner, Department of Records

Mennetto 11.

Kenneth R. Cobb

Director, Municipal Archives