

PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

BOROUGH OF Queens

No. 3448-93rd St

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

6463

FULL NAME James Edward Henry

SEX M COLOR OR RACE white SINGLE, MARRIED, WIDOWED OR DIVORCED Married DATE OF DEATH Nov 3 1930

DATE OF BIRTH 7 22 1893

AGE 37 yrs. 3 mos. 11 days. 11 hrs. 11 min. 11 sec. I attended the deceased from Aug 1923 to Nov 1923, that I last saw him alive on the 3 day of Nov 1923.

OCCUPATION Policeman Patrol duty Cause of death Carcinoma of Bladder

BIRTHPLACE Ireland How long in S. U. or foreign birth 18 yrs How long resident in City of New York 16 yrs

PARENTS OF DECEASED: 10 NAME OF FATHER Patrick Henry 11 BIRTHPLACE OF FATHER Ireland 12 MAIDEN NAME OF MOTHER Catherine Mustagh 13 BIRTHPLACE OF MOTHER Ireland

Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Former or usual Residence: 4530 National Ave. Corona

FILED 310 17 PLACE OF BURIAL Calvary Cemetery DATE OF BURIAL Nov 6 1930 18 UNDERTAKER Joseph W. McGrath ADDRESS 7115 Polk Ave

MARGIN RESERVE FOR BINDING NO MUTILATED CERTIFICATES WILL BE RECEIVED

I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from Aug 1923 to Nov 1923, that I last saw him alive on the 3 day of Nov 1923, that death occurred on the date stated above at 1:15 PM, and that the cause of death was as follows:

Carcinoma of Bladder

duration 6 yrs. 6 mos. 11 ds. Contributor: Secondary carcinoma due to Haemorrhoids from rectum

Witness my hand this 3 day of Nov 1923. Signature: Louis J. Raff M.D. Address: 4530 National Ave. Corona

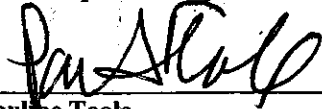
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES

**31 Chambers Street
New York, N.Y. 10007**

This exact copy of a _____ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



**Pauline Toole
Commissioner, Department of Records**



**Sylvia Kollar
Director, Municipal Archives**

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TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 89 and 90).
2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).
3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)
4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis.
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsy," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation:**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Bridie Henry (NAME)
 the Wife of deceased. This statement is made to obtain a permit
 for the burial or cremation of the remains of deceased James Edward Henry

Signature Joseph W. Mc Grath
 + 25

Under No. 1127920
 Date 11/16/30
 J. M. N.
 E. M. N.

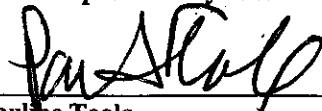
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