

AA 7955

-1931

not filed

Form 16H-1929 25-2063-31-B

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS

BOROUGH OF *Manhattan*

CERTIFICATE OF DEATH

24878

No. *Lutheran Hospital* St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. *30*

Registered No. *24878*

2 FULL NAME *Mary Pogue*

3 SEX *F.* 4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) *M*

6 DATE OF DEATH *Oct 23* 19*31*
(Month) (Day) (Year)

5A WIFE HUSBAND } OF

6 DATE OF BIRTH (Month) (Day) (Year) *1*

7 AGE *59* yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, Profession or particular kind of work *Wife* (b) General nature of industry, business or establishment in which employed (or employer) (c) No. years so occupied

9 BIRTHPLACE (State or country) *Ireland*

(A) How long in U.S. (if of foreign birth) *28 yrs* (B) How long resident in City of New York *23 yrs*

10 NAME OF FATHER *Stephen Pussidy*

11 BIRTHPLACE OF FATHER (State or country) *Ireland*

12 MAIDEN NAME OF MOTHER *Susan Kelly*

13 BIRTHPLACE OF MOTHER (State or country) *Ireland*

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Former or usual residence *1686 Clay Ave.*

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 *23* day of *Oct* 1931, taken charge of the body of deceased found at *hospital* and that I have investigated the essential facts concerning the circumstances of the death.

17 I further certify that I have viewed said body and from *examination* and evidence, that *he* died on the *23* day of *Oct* 1931, at *8:51 A.M.*, and that the chief and determining cause of *her* death was *Cerebral haemorrhage (non-traumatic)*

that the contributing causes were *arterio sclerosis, Diabetes Mellitus, Arteriosclerosis of Shoulder (indis. P. P. subsequent)*

Approved *Charles H. Jones, M.D.* Assistant Medical Examiner. Chief Medical Examiner.

FILED *819*

18 PLACE OF BURIAL *St. Raymond's Cemetery*

DATE OF BURIAL *Oct 27* 1931

19 UNDERTAKER *Walter B. Book Inc.*

ADDRESS *West 190 St*

NO MUTILATED CERTIFICATE WILL BE RECEIVED

ORDER NO. By # 79923
DATE 2-3-39

NUMBER ISSUED
SEARCHER
PHOTO. OP

MEDICAL EXAMINERS' RETURNS

The Department of Health may, from time to time, make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec. 1203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file a report in writing with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the decease of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life; whether single or married, widow or widower, color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—(Sec. 1238, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.)

Accident, suicide, or homicide? accident Date of injury Feb 23 1931

Where did injury occur? residence
Specify whether injury occurred in industry, in home, or in public place

Manner of injury? had a stroke - fell from chair

Nature of injury? dislocated rt shoulder.

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 Charles Cogan
(NAME)

the Husband of deceased. This statement is made to obtain a permit for the
(RELATIONSHIP)

burial or cremation of the remains of deceased Mary Cogan

Signature Walter B. Cooke Inc

Walter B. Cooke Inc