

Certificate of Death

7296

FILED

Certificate No.

3 30
 1. NAME OF DECEASED Richard R. Cotter - None
 (Print or Type-write) First Name Middle Name Last Name Social Security Number

PERSONAL PARTICULARS
(May be filled in by Funeral Director)MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State <u>New York</u> (b) City, Town or Village <u>Kings Brooklyn</u> (c) No. <u>1203 Albemarle Rd</u> Apt. No. <u>5</u> (If in rural area, give location) (d) Length of residence or stay in City of New York immediately prior to death <u>45 years</u>		15 PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough <u>Brooklyn</u> (c) Name of Hospital or Institution <u>1203 Albemarle Rd</u> (If not in hospital or institution, give street and number.) (d) Length of stay at place of death immediately prior to death <u>10 years</u>	
3 MARRIAGE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) <u>April 4 1945 9:30 AM</u>	
4 HUSBAND of <u>MARION</u>		18 SEX <u>MALE</u> 19 COLOR OR RACE <u>White</u> 20 Approximate Age <u>55 years</u>	
5 DATE OF DEATH (Month) (Day) (Year) <u>October 12 1889</u>		21 I HEREBY CERTIFY that I attended the deceased* (a staff physician of this institution attended the deceased)* from <u>March 28 1945</u> to <u>April 4 1945</u> and last saw him alive at <u>4 P.M. on April 3 1945</u> Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)* (Cross out terms that do not apply.) Principal cause of death _____ Date of Onset _____	
6 AGE (If LESS than 1 day, hrs. or min.) <u>55 yrs. 5 mos. 25 days</u>		22 Cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)* (Cross out terms that do not apply.) <u>Pulmonary Tuberculosis 1942</u>	
7 TRADE, PROFESSION, OR PARTICULAR LINE OF WORK DONE, AS SPINNER, TYPEWRITER, BOOKKEEPER, ETC. <u>Retired</u>		Contributory causes and other conditions _____	
8 INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK MILK, SAWMILL, BANK, OWN BUSINESS, ETC. <u>Bail Player</u>		Date of Onset _____	
9 BIRTHPLACE OF DECEASED: (a) State or Country <u>U.S.A.</u> (b) City, Town or Village _____		Autopsy: <u>None</u> Operation: <u>None</u> Date of _____ Date of _____ (If none, so state) (If over, so state)	
10 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? <u>U.S.A.</u>		Condition for which performed: _____	
11 WAS DECEASED A VETERAN OF SO. NAME WAR <u>World War #1</u>		Signature <u>William G. Floty</u> M. D. Address <u>1120 Church St. N.Y.C. 14</u> Date _____	
12 NAME OF DECEASED <u>William G.</u>		RELATIONSHIP TO DECEASED <u>Sister</u> ADDRESS <u>1203 Albemarle Rd</u>	
13 BIRTHPLACE OF FATHER <u>IRELAND</u>		23 PLACE OF BURIAL OR CREMATION <u>Holy Cross Cemetery</u> DATE OF BURIAL OR CREMATION _____	
14 MAIDEN NAME OF MOTHER OF DECEASED <u>MARY O'Donnell</u>		24 FUNERAL DIRECTOR <u>Danny J. O'Connell</u> ADDRESS <u>723 Broadway</u> PERMIT NUMBER <u>808</u>	
15 SIGNATURE OF INFORMANT <u>Mary G. O'Connell</u>		BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK	