

2905

CERTIFICATE OF DEATH

1 PLACE OF DEATH: BOROUGH OF Manhattan

2905

No. 4 Irving Place - 9th Floor St.

CERTIFICATE NO.

Character of premises, whether tenement, private, hotel, etc. Office Building
(If institution, state office)

2 FULL NAME (PRINT) MICHAEL First name

B. Middle name

DONOVAN Last name

3 RESIDENCE (usual place of abode) (If transient, give place and date) No. 180 Claremont Avenue

Ave. Man. St. BOROUGH

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify the word) Married

18 DATE OF DEATH (Month) (Day) (Year)

February 3, 1938

6A WIFE or Mary (Month) (Day) (Year)

19 I certify that this 4th day of February 1938, I have taken charge of the body of deceased found at City Mortuary

7 DATE OF BIRTH OF DECEDENT

and that I have investigated the essential facts concerning the circumstances of the death.

8 AGE OF DECEDENT 57 yrs. mo. d. If less than 1 day, specify hrs. or min.

20 I further certify that I have viewed said body and from autopsy

9 A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigator

and evidence, that he died on the 3rd day of February 1938 at 12:12P M., and

B Industry or business in which work was done, as silk mill, sawmill, bank, etc. N.Y. Edison Co.

that the chief and determining cause of his death was Gun shot wound of right side of neck, cervical vertebra, spinal cord: Shock.

C Date deceased but worked at this occupation (month) 2/3/38

that the contributing causes were _____

10 BIRTHPLACE (State or country) U.S.

that the contributing causes were _____

11 How long in U.S. (if of foreign birth) 12 How long resident in City of New York Life

13 NAME OF FATHER OF DECEDENT Patrick

14 BIRTHPLACE OF FATHER OF DECEDENT (State or country) Ireland

15 MAIDEN NAME OF MOTHER OF DECEDENT Margaret Bohan

16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) Ireland

Approved: Philip J. [Signature] Chief Medical Examiner.
Thomas A. [Signature] D. Chief Medical Examiner.

17 INFORMANT James M. Farrell, son-in-law

21 PLACE OF BURIAL Calvary Cemetery

DATE OF BURIAL February 7th, 1938

22 UNDERTAKER Joseph Hayes

ADDRESS 1814 Third Ave.

DO NOT WRITE IN THIS SPACE. MANUALLY RESERVED FOR CODING AND BINDING.