

CERTIFICATE OF DEATH.



1.-Full Name,* *Joseph Farrell*

2.-Age, *35* years, _____ months, _____ days.

3.-Sex, Male, ~~Female~~.* 4.-White, ~~Colored~~.*

5.-Single, ~~Married~~, ~~Widow~~, ~~Widower~~.*

6.-Birthplace, *Brooklyn* 7.-Occupation, _____

8.-If of foreign birth, how long in the U. S. _____ years. 9.-How long resident in City, *life* years.

10.-Father's Birthplace,* *Ireland* 11.-Mother's Birthplace,* *Ireland*

12.-Place of Death,* No. *274 St Marks av* Brooklyn, Ward *9*

13.-Number of Families in House, *one* 14.-On what Floor, *1*

15.-I HEREBY CERTIFY that I attended the deceased from *April 2* 1893, to *April 15* 1893, that I last saw him alive on the *15* day of *April* 1893; that he died on the *19* day of *April* 1893, about *1* o'clock ~~A. M.~~ or P. M., and that the following was the

Cause of Death	Time from attack till death
I. <i>Pneumonia</i>	<i>3 weeks</i>
II. <i>Cerebral Congestion</i>	<i>one week</i>

This Certificate delivered to _____ at _____ M., _____ 1893

Signed by *J. C. Brackin* M. D., Medical Attendant. No. *259 St Marks* Street or Avenue. Address.

* See other side for explanations and directions.