CERTIFICATE OF DEATH

Certificate No. 2050

1 PLACE OF DEATH

BOROUGH OF Manhattan

Name of Institution Cancer Institute Address Welfare Island, NYC

2 PRINT FULL NAME James Mutrie
First Name Middle Name Last Name

3 Residence (usual place of abode) (If nonresident, give place and State) No. 11 Pauw St. New Brighton Ave. Borough of Richmond

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

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: male

5 COLOR OR RACE: white

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

6A ~~WIFE~~ HUSBAND OF Kathryn Mutrie

7 DATE OF BIRTH OF DECEDENT not given (Month) (Day) (Year)

8 AGE 86 yrs. mos. ds. If LESS than 1 day hrs. or min.?

9 OCCUPATION
Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baseball Manager
Industry or business in which work was done, as silk mill, sawmill, bank, etc.
C Date deceased last worked at this occupation (month and year)
D Total time (years) spent in this occupation

10 BIRTHPLACE (State or country) Massachusetts

11 How long in U. S. (if of foreign birth) Life

12 How long resident in City of New York 50 years

PARENTS OF DECEASED
13 NAME OF FATHER OF DECEDENT James Mutrie
14 BIRTHPLACE OF FATHER (State or country) Massachusetts
15 MAIDEN NAME OF MOTHER OF DECEDENT Sarah Stagg
16 BIRTHPLACE OF MOTHER (State or country) Massachusetts

17 INFORMANT

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 24 (Day) 1938 (Year)

19 I hereby certify that deceased was admitted to this institution on January 17 1938, that I last saw him alive on the 24 day of January 1938, that he died on the 24 day of January 1938, about 6:30 o'clock A.M. ~~or P.M.~~

The principal cause of death and related causes of importance were as follows: DURATION
Carcinoma of Larynx 3 mos
Bilateral Bronchopneumonia 2 days

Other contributory causes of importance:

Name of operation None Date

What test confirmed diagnosis? None Was there an autopsy?

Signature Louis Bernstein M. D.

20 Pathologist's Report (See Over)

Signature M. D.

21 PLACE OF BURIAL Moravian Cemetery

DATE OF BURIAL Jan. 26, 1938

22 UNDERTAKER Edmund Schaefer, Inc.

ADDRESS 535-39 Bay St. Stapleton, NY

BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK