1 PLACE OF DEATH

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

BOROUGH OF Manhattan

No. 75 East 85th St.

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

Registered No. 33433

2 FULL NAME Mary Kivlan

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	15 DATE OF DEATH
Female	White	Married	Nov 26th, 1914 (Month) (Day) (Year)

6 DATE OF BIRTH Donorl Road, 1864 (Month) (Day) (Year)

16 *I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from* Nov 24 1914 *to* Nov 26 1914 *that I last saw* her *alive on the* 26 *day of* November 1914, *that death occurred on the date stated above at* 8-10 *P.M., and that the cause of death was as follows:*

Broncho-Pneumonia

duration — yrs. — mos. 5 ds.

Contributory (Secondary) Chronic Bronchitis

duration 3 yrs. — mos. — ds.

Witness my hand this 26 day of Nov 1914

Signature W J F Cass M. D.

Address 68 E 86 St

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) Housework

9 BIRTHPLACE (State or country) County Sligo Ireland

10 (a) How long in U. S. (if of foreign birth) 26 yrs (b) How long resident in City of New York 26 yrs

11 NAME OF FATHER Patrick Walsh

12 BIRTHPLACE OF FATHER (State or country) Ireland

13 MAIDEN NAME OF MOTHER Jane J Byrne

14 BIRTHPLACE OF MOTHER (State or country) Ireland

SPECIAL INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Number or Residence

Where was disease contracted, if not at place of death?

17 PLACE OF BURIAL Calvary Cem — DATE OF BURIAL Nov 29, 1914

18 UNDERTAKER Wm Donnelly Son — ADDRESS 1510-1st Ave