

H.C.

5617 5617

CERTIFICATE OF DEATH.

Brooklyn, September 6th 1865.

This Certifies, that Sarah Ann Donnelly who was

Give the name in full.

born in Brooklyn died in this City,

Birth-place.

on the 5th day of September 1865,

Date.

at No. 14th St near 6th Ave Street, in the 8th Ward,

Residence.

Aged 2 Years, 2 Months, - Days.

Age.

Cause of said death was { Direct Diphtheria
Indirect

Cause of Death.

Sex and Color.

Sex, Female Color, White

Where to be buried.

The body is to be buried at

C. H. Murphy M. D.
Attending Physician.

5817 5817 No. 10

CERTIFICATE OF DEATH

This certifies that *[Name]* who was *[Age]* years of age, died in this City on the *[Date]* day of *[Month]* 18*[Year]*.
 He was born in the *[Place]* of *[County]* State of *[State]*.
 His usual residence was *[Address]*.
 He was afflicted with *[Disease]* which terminated in death on the *[Date]* day of *[Month]* 18*[Year]*.
 The body is to be buried in *[Cemetery]* at *[Location]* on the *[Date]* day of *[Month]* 18*[Year]*.
 Signed and attested at *[City]* this *[Date]* day of *[Month]* 18*[Year]*.
 Attest: *[Signature]*
 Registrar of Deaths

1897