979

CERTIFICATE OF DEATH.

0688

1. Name of the Deceased, (in full,) Daniel Lee
2. Age, 73 years, ... months, ... days. Color, White
3. ~~Single~~, (Married,) ~~Widow,) or (Widower,)~~ (Cross out the words not required in this line.)
4. Occupation, Carpenter
5. Birthplace, Ireland (And how long in the United States, if of foreign birth.) 18 years
6. How long resident in this City, 18 years
7. Father's Birthplace, The State or Country,) Ireland
8. Mother's Birthplace, " " —

Let these Returns be specific.

9. **Place of Death,** No. 47 Butler Street, X Ward.
10. **I Hereby Certify,** That I last saw him on the 7 day of Jany 1869, that he died on the 29 day of Jany 1869, and that **the Cause** of his Death was

[First,] Phthisis Pulmonalis

[Second, (remote or complicating.)] Old age

Time from Attack till Death.

1 year

Place of Burial, Holy Cross

(Date of do.) Jan 31

William Gilfillan M. D.,
Medical Attendant.

(Undertaker,) J. Haiss

(Place of Business,) 137 Court St (Address,) 111 & Sixteenth St Brooklyn

R. M. Whiting, Jr., Stationer and Printer, 379 Fulton Street, Brooklyn.