

1 PLACE OF DEATH

STATE OF NEW YORK

## Department of Health of The City of New York

BOROUGH OF

Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No. 354 57th St.

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

Private

Registered No.

773

773

2 FULL NAME

Ellen O'Keefe

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE

MARRIED, widowed  
WIDOWED  
OR DIVORCED  
(Write the word)

15 DATE OF DEATH

January 6th, 1929  
(Month) (Day) (Year)

6 DATE OF BIRTH

, 1  
(Month) (Day) (Year)

7 AGE

61

yrs. mos. ds.

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work

Housewife

(b) General nature of industry,  
business or establishment in  
which employed (or employer)

9 BIRTHPLACE

(State or country)

Ireland

(A) How long in  
U. S. (if of for-  
eign birth)

50 yrs

(B) How long resi-  
dent in City  
of New York

50 yrs

10 NAME OF  
FATHER

Bernis Murphy

11 BIRTHPLACE  
OF FATHER  
(State or country)

Ireland

12 MAIDEN NAME  
OF MOTHER

Mary Murphy

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Ireland

14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.Former or  
usual Residence }

duration yrs. mos. ds.

Contributory Cardiac syncope  
(Secondary) Atrial fibrillation

duration yrs. mos. ds.

Witness my hand this 7th day of January 1929

Signature Alexander L. Anderson M. D.

Address 467 9th St

FILED

17 PLACE OF BURIAL

Calvary Cemetery

DATE OF BURIAL

Jan 9th, 1929

JAN 8 1929

18 UNDERTAKER

Herbert Lippatrick

ADDRESS

5409 5th Ave Bklyn

# 761

MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED