Dist. No. 3301
To be inserted by registrar

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1738

1 PLACE OF DEATH: STATE OF NEW YORK
County Onondaga
Town
Village
City Syracuse 16th Ward
No. University Hospital of the Good Shepherd St.
(If a hospital or institution give its NAME instead of street and number)
Length of stay:
In hospital or institution ___ yrs. ___ mos. 7 days
In town, village or city ___ yrs. ___ mos. 7 days

2 USUAL RESIDENCE OF DECEASED: { If an institution, give place of residence prior to admission.
State New York
County Onondaga
Town Lysander
Village Baldwinsville
City
No. 58 W. Genesee Street St.
Is residence within limits of city or incorporated village? yes

3 Full Name Jeremiah Joseph McCarthy

4 (a) Social Security No. No
4 (b) If Veteran, Name War No

5 Sex Male
6 COLOR OR RACE White
7 Single, Married, Widowed, or Divorced (Write the word) Widowed

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Maria Driscoll
Age if alive ___ years

9 DATE OF BIRTH (month, day, year) July 7, 1861

10 AGE Years 79 Months 2 Days 0 IF LESS than 1 day, ___ hrs. or ___ min.

11 Usual occupation Retired Machinist 6 years

12 Industry or business Manufacturer of Water Pumps

13 BIRTHPLACE (City or Town) (State or Country) Baldwinsville

FATHER
14 NAME Daniel McCarthy
15 BIRTHPLACE (City or Town) (State or Country) Ireland

MOTHER
16 MAIDEN NAME Catherine Leary
17 BIRTHPLACE (City or Town) (State or Country) Ireland

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature Walter F. McCarthy
Address Baldwinsville, N. Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Baldwinsville N.Y.
DATE OF BURIAL Sept 10 1940

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Joseph A. Falardeau
ADDRESS 9 Oswego Street Baldwinsville, N.Y.

UNDERTAKER'S License No. 2828

21 Date received SEP 7 - 1940, 19
B. M. Mitchell
Signature of Registrar or Subregistrar

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) September 7 1940

23 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1940, to Sept 7, 1940
I last saw him alive on Sept 7 1940
To the best of my knowledge, death occurred on the date stated above, at 6:55 p.m.

	DURATION OF CONDITION Yrs.	Mos.	Dys.
Immediate cause of death: Lobar pneumonia (108)			10
Due to			
Due to: Acute Endocarditis			3
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic Heart Disease (95)	5		

Major findings:
Of operations
Date
Of autopsy

PHYSICIAN Underline the cause to which death should be charged.

What laboratory test was made?

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25 Signature Charles T. Ells M.D.
Address Syracuse N.Y. Date Sept 7 1940

Burial or Transit } Permit issued by B. M. Mitchell

Date of issue SEP 7 - 1940