Register of Deaths

Town ~~in the Village of~~ ~~City~~ Lyrander, County of Onondaga, State of New York

Registered No. 29

2 FULL NAME Mary Shea

(No. ..... ST.; ..... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Dec. (Month) Day not known (Day), 1831 (Year)

7 AGE 87 YRS. 8 MOS. ? DS. If LESS than 1 day, how many ..... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Sloan

11 BIRTHPLACE OF FATHER (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Burke

13 BIRTHPLACE OF MOTHER (State or country) Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(INFORMANT) Patrick Sloan
(ADDRESS) Baldwinsville NY

15 FILED Aug 23, 1919 H F Brooks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 20 (Day), 1919 (Year)

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 1 1919, TO Aug 15, 1919, THAT I LAST SAW HER ALIVE ON Aug 15 1919, AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 4 ~~A.M.~~ OR P. M. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Sentet with Arteno Sclerosis (Duration) ..... yrs. few hours mos. ..... ds.

(Signed) R. L. Sullivan M.D.

Aug 22, 1919 (Address) Baldwinsville NY

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St Marys

21 DATE OF BURIAL Aug 23, 1919

20 UNDERTAKER M. H. Smith

ADDRESS Baldwinsville NY

BURIAL OR TRANSIT PERMIT ISSUED BY H F Brooks

DATE OF ISSUE Aug 22, 1919

Registered No. 30

MEDICAL CERTIFICATE OF DEATH