Town of Lysander, County of Onondaga, State of New York

[If death occurred in a hospital or institution, give its NAME instead of street and number] ST.; WARD) REGISTERED NO. 17

1. NAME Patrick Sloan

RESIDENCE NO. ST., WARD.
(Usual place of abode) (If nonresident, give city or town and State)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

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

MARRIED, WIDOWED OR DIVORCED
Husband of Bridget Sloan
Wife of

6 DATE OF BIRTH August (Month) 15 (Day), 1833 (Year)

7 AGE: 89 yrs. 10 mos. 20 ds. If LESS than 1 day, how many ____ hrs. or ____ min.?

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

9 BIRTHPLACE (City or Town): Ireland
(State or Country)

10 NAME OF FATHER: John Sloan

11 BIRTHPLACE OF FATHER (City or Town) (State or Country): Ireland

12 MAIDEN NAME OF MOTHER: Bridgd Burke

13 BIRTHPLACE OF MOTHER (City or Town) (State or Country): Ireland

I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Mrs Mary Mc Carthy
(Address) Baldwinsville N.Y.

July 7, 1923 H.F. Brooks Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH July (Month) 5 (Day), 1923 (Year)

15 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 3, 1923 TO July 7, 1923;
THAT I LAST SAW HIM ALIVE ON July 4, 1923
AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE, AT 2 a M. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteria Sclerosis

UNCERTIFIED COPY FOR GENEALOGY PURPOSES ONLY

(DURATION) 3 YRS. — MOS. — DS.

CONTRIBUTORY (Secondary) Senile debility

(DURATION) YRS. MOS. DS.

16b WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bl. pressure

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

July 6, 1923 (ADDRESS) Baldwinsville N.Y.

*State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

17 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Baldwinsville N.Y.

18 DATE OF BURIAL July 7, 1923

19 UNDERTAKER E.J. Brown

ADDRESS Baldwinsville N.Y.

BURIAL OR TRANSIT PERMIT ISSUED BY H.F. Brooks DATE OF ISSUE July 7, 1923