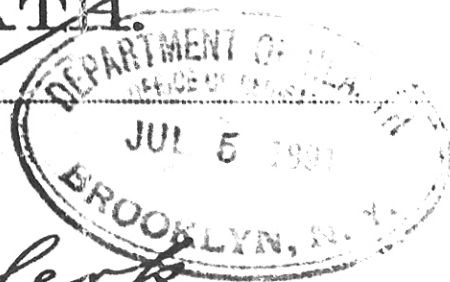


# CERTIFICATE OF DEATH.



Full Name\* John P. Cassidy  
 Age 34 years, — months, — days.  
 Sex, Male, Female\* 4—White, Colored\*  
 Single, Married, Widowed, Widower\*  
 Birthplace, Brooklyn 7.—Occupation, Clerk  
 If of Foreign birth, how long in the U. S. — years. 9.—How long resident in City, Life years.  
 Fathers' Birthplace,\* Ireland 11.—Mother's Birthplace,\* Ireland  
 Place of Death,\* No. 42 Navy St Brooklyn, Ward 5  
 Number of Families in House, 1 14.—On what floor, —

I HEREBY CERTIFY that I attended the deceased from July 1st 1891, to July 2nd 1891  
 that I last saw him alive on the 2nd day of July 1891, that he died on the  
2nd day of July 1891, about 12 o'clock A. M. or P. M., and that the following was the

Cause of Death,\*  
 I. Cirrhosis of Liver  
 II. Genl Dropsy  
 Time from Attack till Death,  
about 6 mos

Certificate delivered to Mrs Shaffer at 9:30 A. M., July 3rd 1891  
 by J. J. Colgan M. D., No. 191 Nassau Street or Avenue.  
 Medical Attendant. Address.