

# Certificate of Death

56-50-121872

Certificate No. ....

OCT 17 PM 3 41

1. NAME OF DECEASED **THOMAS TUCKEY**  
 (Print or Type) First Name Middle Name Last Name

### PERSONAL PARTICULARS

(To be filled in by Funeral Director)

### MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

USUAL RESIDENCE: (a) State **New York**  
 (b) Co. **New York** (c) Post Office and Zone **N.Y. 1**  
 (d) No. **441 W 28 St** Ave. St.  
 (e) Length of residence or stay in City of New York immediately prior to death **40 yrs**

15 PLACE OF DEATH:  
 (a) NEW YORK CITY: (b) Borough **Manhattan**  
 (c) Name of Hospital or Institution **Belleme Hospital**  
 (If not in hospital or institution, give street and number.)  
 (d) If in hospital, give Ward No. **G-M**

SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

16 DATE AND HOUR OF DEATH (Month) (Date) (Year) (Hour) (M.)  
**Oct. 17, 1950 1:00**

DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
**Oct - 7 - 1883**

17 SEX **Male** 18 COLOR OR RACE **White** 19 Approximate Age **69 yrs**

AGE **67** yrs. If under 1 year (mos. days) If LESS than 1 day, (hrs. or min.)

20 I HEREBY CERTIFY that (I attended the deceased)\* (a staff physician of this institution attended the deceased)\*

a. Usual Occupation (Kind of work done during most of working life, even if retired) **Young Man**

from **Oct. 9, 1950** to **Oct. 17, 1950**

b. Kind of Business or Industry in which this work was done **Shepherds Farm**

and last saw him alive at **1:00 P.M.** on **Oct. 17, 1950**

SOCIAL SECURITY NO. **055-10-7718**

I further certify that death ~~was not~~ caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

BIRTHPLACE (State or Foreign Country) **Connecticut**

\* Cross out words that do not apply.  
 † See first instruction on reverse of certificate.

OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH **U.S.A.**

a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? **no** 10b. IF YES, Give war or dates of service

Witness my hand this **17** day of **Oct.** 19**50**

NAME OF FATHER OF DECEDENT **Richard Tuckey**

Signature **J. Arnold Mitchell**

MAIDEN NAME OF MOTHER OF DECEDENT **Elizabeth Fullwell**

Address **Belleme Hosp.**

NAME OF INFORMANT **Alice Tuckey**

RELATIONSHIP TO DECEASED **Wife** ADDRESS **441 - West 28 St**

a. Name of Cemetery or Crematory **Calvary Cem**

14b. Location (City, Town or County and State) **Queens Co** 14c. Date of Burial or Cremation **Oct. 19-1950**

FUNERAL DIRECTOR **J. Malloy & Sons, Inc.**

ADDRESS **236 W 23 St** PERMIT NUMBER **4162**