

**DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County Brockton

Registration District No. 392

File No. 76748

Township.....

Primary Registration District No. 857

Registered No. 4620

or Village.....

No. 14 Ashtabula Ave St., Ward

or City of.....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Edward Gallagher

Did Deceased Serve in U. S. Navy or Army.....

(a) Residence, No. 1782 - Ashtabula Ave

Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length 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

4 COLOR OR RACE

5 Single, Married, Widowed or Divorced (write the word)

Male

White

Married

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

Wife

6 DATE OF BIRTH (month, day, and year) Aug 3 1900

7 AGE

Years

Months

Days

If LESS than 1 day.....hrs. or.....min.

61

4

11

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

General mail carrier

(b) General nature of Industry, business, or establishment in which employed (or employer)

NYC

(c) Name of employer

NYC

9 BIRTHPLACE (city or town).....

(State or country)

Brooklyn NY

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

NYC

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

NYC

14 Informant.....

(Address)

W. Keegan

15 Filed 12-16-29

W. Keegan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 14 1929

17

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease
found dead in his auto
garage in New York
Ashtabula Ave (duration)yrs.mos.ds.

CONTRIBUTORY

(SECONDARY)

.....(duration)yrs.mos.ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Joseph A. Murphy Coroner M. D.

Dec 15, 1929 (Address) 1450 1st Avenue

*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. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal

DATE OF BURIAL

St. ...

12-16-29

20 UNDERTAKER

ADDRESS

W. Keegan

20a WAS THE BODY EMBALMED?

EMBALMER'S LICENSE NO.

Yes

NYC

Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.