New York, April 2, 1988

A Transcript from the Records of the Deaths Reported to the Department of Health of the City of New York.

A		N T	YORK.
CITY	OR	NEW	TORK.

STATE OF NEW YORK.

No. of Certificate,

851

CERTIFIC	CATE AND	RECORD	CF	DEATH

Vatrick H. Jones 23, 1900, to July 23, 1800 I hereby certify that I attended deceased from.... that I last saw him alive on the 230 day of July 1800, about 4.30 o'clock P. M., and that to best of my knowledge and belief, the cause of Ris death was as hereunder written. (If under one year old, state how fed.) Witness my hand this 24 day of July Place of Burial, It Peters Cent. (SIGNATURE), Undertaker, RESIDENCE, Residence, Single, Married or Widowed. Birthplace. Indirect cause of Death. Occupation. Mother's Birthplace. Father's Birthplace. Mother's Name. Father's Name. on 2 Es

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A True Copy.

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