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Superintendent Registrar's District <u>North Dublin Union</u> Registrar's District <u>May</u>										
19 <u>20</u> DEATHS Registered in the District of <u>May</u> in the Union of <u>North Dublin</u>										
in the County of <u>Dublin</u>										
No. (1)	Date and Place of Death (2)	Name and Surname (3)	Sex (4)	Condition (5)	Age last Birthday (6)	Rank, Profession, or Occupation (7)	Certified Cause of Death and Duration of Illness (8)	Signature, Qualification and Residence of Informant (9)	When Registered (10)	Signature of Registrar (11)
406	19 <u>20</u> Ducuta Mans Upper Street	<u>Moral</u> <u>Veronica</u> <u>Synch female</u>	Female	<u>Spontaneous</u>	14	Child of Labourer	<u>Tetanus</u> <u>Monitory</u> <u>Cardiac Failure</u> Certified	<u>Mrs. Synch</u> <u>Upper</u> <u>Street</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
407	19 <u>20</u> mauf 58 Street	<u>Michael</u> <u>Caton male</u>	Male	<u>cholera morbus</u>	3	Child of Labourer	<u>Tetanus</u> <u>2 days</u> Certified	<u>Mrs. Caton</u> <u>58</u> <u>Street</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
408	19 <u>20</u> mauf Winstons Rla. cl	<u>Bartholomew</u> <u>Quirk male</u>	Male	<u>Widower</u>	71	Labourer	<u>Senility</u> Certified	<u>Mrs. Pettigrew</u> <u>Daughter</u> <u>7</u> <u>Street</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
409	19 <u>20</u> mauf Hospital	<u>Miriam</u> <u>De Bitchie female</u>	Female	<u>Spontaneous</u>	17	Responsible	<u>Tuberculosis</u> Certified	<u>Mrs. De Bitchie</u> <u>William</u> <u>Hospital</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
410	19 <u>20</u> mauf Hospital	<u>Stephen</u> <u>Thomas male</u>	Male	<u>Widower</u>	1	Child of Labourer	<u>Measles</u> <u>Wpneis</u> <u>Pneumonia</u> Certified	<u>Mrs. Thomas</u> <u>Mother</u> <u>Widow</u> <u>Hospital</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
411	19 <u>20</u> mauf Hospital	<u>Frank</u> <u>Murphy male</u>	Male	<u>Bachelor</u>	28	Sherridan	<u>Acute</u> <u>hepatitis</u> Certified	<u>M. B. Willis</u> <u>Senate</u> <u>North</u> <u>Hospital</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
412	19 <u>20</u> mauf Hospital	<u>James</u> <u>Mordant male</u>	Male	<u>Bachelor</u>	28	Labourer	<u>Bronchitis</u> Certified	<u>M. B. Willis</u> <u>Senate</u> <u>St. Vincent</u> <u>Hospital</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
413	19 <u>20</u> mauf Street	<u>David</u> <u>M. O'Connell male</u>	Male	<u>Bachelor</u>	63	Letter	<u>Carcinoma</u> <u>Signal</u> <u>Arteriosclerosis</u> Certified	<u>J. Sparks</u> <u>Senate</u> <u>3</u> <u>Street</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
414	19 <u>20</u> mauf Hospital	<u>Patrick</u> <u>McLellan male</u>	Male	<u>Bachelor</u>	1	Child of Labourer	<u>Arteriosclerosis</u> <u>Pneumonia</u> Certified	<u>Thos. O'Connell</u> <u>Senate</u> <u>Sir P. O'Connell</u> <u>Hospital</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.
415	19 <u>20</u> mauf Hospital	<u>Rose</u> <u>Keoh female</u>	Female	<u>Widow</u>	30	Wife of Labourer	<u>Carcinoma</u> <u>of</u> Certified	<u>Thos. O'Connell</u> <u>Senate</u> <u>Sir P. O'Connell</u> <u>Hospital</u>	19 <u>20</u>	<u>W. J. Healy</u> Registrar.

BINDING EDGE—(This Margin not to be written on).

\* Should the Copy be certified by the Assistant or Interim Registrar, or Assistant or Interim Superintendent Registrar, please insert word "Assistant" or "Interim" as the case may be.

I W. J. Healy Registrar of Births and Deaths in the District of May in the Union of North Dublin in the County of Dublin do hereby certify that this is a true copy of the Registrar's Book of Deaths within the said District, from the Entry of the Death of Moral Veronica Synch No. 406 to the Entry of the Death of Rose Keoh No. 415 Witness my hand, this Eleventh day of May 19 20

I have examined the above, and have compared it with the said Original Registrar's Book, and hereby certify that it is a true Copy. Witness my hand, this 1st day of July 19 20

W. J. Healy Registrar.  
John D. Gordon Superintendent Registrar.