

COUNTY OF NEW YORK.

STATE OF NEW YORK.

CITY OF NEW YORK

CERTIFICATE AND RECORD OF DEATH

No. of Certificate,

35460

Charles Mordaunt

35460

I hereby certify that I attended deceased from 24 Aug 1892 to 1 October 1892 that I last saw him alive on the 31 day of Sept 1892, that he died on the 1 day of October 1892 about 10 o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of his death was as hereunder written:

Chief Cause: Mitral Valvular Disease of heart  
Contributing Cause: Dropsy & Asthma

Duration of Disease.

Sanitary Observations.

Witness my hand this 2 day of October 1892

Place of Burial: Calvary (SIGNATURE)

Conrad J. Maguire M. D.

Undertaker: J. J. McNameara RESIDENCE,  
Residence: 1113 Park Ave

Burial permits issued at 201 Most Street, Room 28, Week days, 7 A. M. - 6 P. M. Sunday's and Holidays, 8 A. M. - 5 P. M.

Date of Death.	Full Name.	Age, in years, months, and days.	Color.	Single, Married or Widowed.	Occupation.	Birthplace.	How long in U. S., if foreign born.	How long resident in New York City.	Father's Name.	Mother's Name.	Mother's Birthplace.	Place of Death.	Last place of Residence.	Place of Burial.	Direct cause of Death.	Indirect cause of Death.	Date of Record.
October 1st 1892	Charles Mordaunt	58 years	white	married	dry goods	Ireland	24 years	24 years	Kennis	Mary Bryans	Ireland	158 E 95th St	158 E 95th St	Calvary	Dropsy & Asthma	Mitral Valvular Disease of heart	

NO MUTILATED CERTIFICATE WILL BE RECEIVED.