

PLEASE ADDRESS ALL COMMUNICATIONS TO THE COMPANY

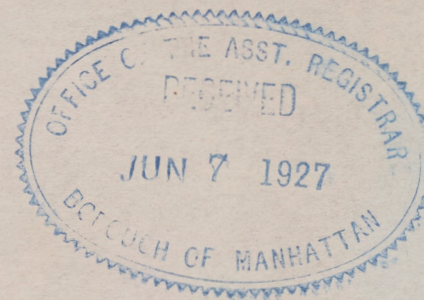
# THE CUNARD STEAM SHIP COMPANY LIMITED

## ANCHOR LINE

PIERS 53-54-56-71 NORTH RIVER

NEW YORK

June 6, 1927

IN YOUR REPLY  
KINDLY QUOTE

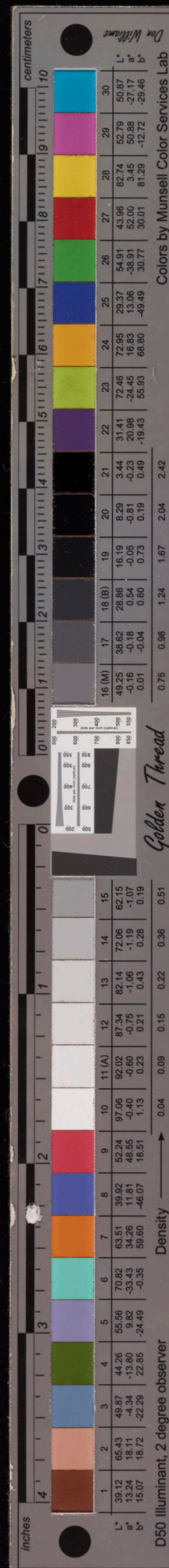
Dr. W. Guilfooy,  
Board of Health,  
505 Pearl Street,  
New York City.

Dear Sir,

We enclose herewith Death Certificate  
for Patrick Joseph O'Reilly, 3rd Class Passen-  
ger on board the "CAMERONIA", who died at sea  
on June 4th and was buried at sea on June 5th.  
The Death Certificate is signed by Dr. Daniel  
Murphy, the Ship's Surgeon, who registered at  
the Board of Health when he was Surgeon of the  
"COLUMBIA".

Yours truly,

*Harry H. Murphy*  
MARINE SUPERINTENDENT  
CUNARD AND ALLIED LINES N.Y.





1 PLACE OF DEATH

STATE OF NEW YORK  
Department of Health of The City of New York  
BUREAU OF RECORDS  
STANDARD CERTIFICATE OF DEATH

BOROUGH OF

No.

Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc.

Registered No.

2 FULL NAME *Patrick Joseph O'Reilly*

3 SEX

*male*

4 COLOR OR RACE

*white*

5 SINGLE

MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

*Single*

15 DATE OF DEATH

*June 4<sup>th</sup>*, 192*7*  
(Month) (Day) (Year)

6 DATE OF BIRTH

*29<sup>th</sup> April 1892*  
(Month) (Day) (Year)

7 AGE

*35* yrs. *one* mos. *six* ds.  
If LESS than  
1 day,.....hrs.  
or.....min.?

8 OCCUPATION

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

*Labourer*

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

9 BIRTHPLACE

(State or country)

*Glasgow Scotland*

(9) How long in  
(A) U. S. (if of for-  
eign birth)

*never*

(9) How long resi-  
dent in City  
of New York

*never*

PARENTS OF DECEASED

10 NAME OF FATHER

*Patrick O'Reilly*

11 BIRTHPLACE OF FATHER (State or country)

*Tyrone Ireland*

12 MAIDEN NAME OF MOTHER

*Mary Murray*

13 BIRTHPLACE OF MOTHER (State or country)

*Artem Ireland*

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual Residence

*Glasgow Scotland*

FILED

17 PLACE OF BURIAL

*At Sea*

18 UNDERTAKER

DATE OF BURIAL

*June 5<sup>th</sup>*, 192*7*

ADDRESS

*Lab. 42.25 N.  
Long 70.28 W.*

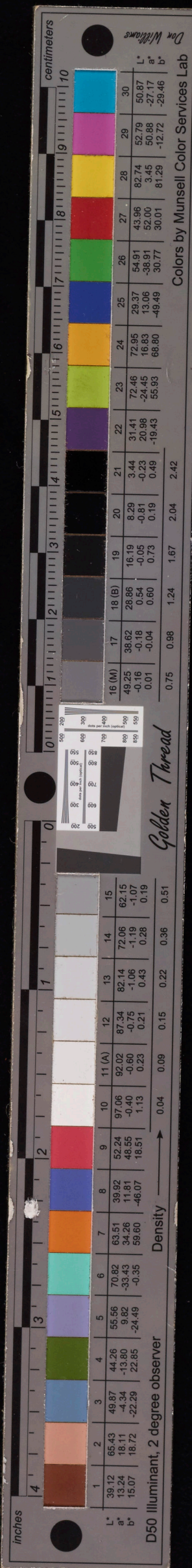
16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from *May 31<sup>st</sup>* 192*7* to *June 4<sup>th</sup>* 192*7*, that I last saw *June 3<sup>rd</sup>* alive on the *3<sup>rd</sup>* day of *June* 192*7*, that death occurred on the date stated above at *5:30 AM.*, and that the cause of death was as follows:

*Pneumonia (Septic)*duration - yrs. - mos. *4* ds.

Contributory (Secondary)

duration yrs. mos. ds.

Witness my hand this day of 192

Signature *Samuel Murphy* M. D.Address *T.S.S. Cameronia*



## TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from criminal violence or by a casualty, or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, ch. 234, & 2. In effect Jan. 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Haemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pynaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsey," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

## TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by.....  
(NAME)

the.....of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)

for the burial or cremation of the remains of deceased.....

Signature.....

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