

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 Passenger 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,

Henry 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. S.S. Cameronia St

Character of premises, whether tenement, private, hotel, hospital or other place, etc. At Sea. Lat. 42.52 N. 60.38 West.

Registered No.

2 FULL NAME Patrick Joseph O'Reilly

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

15 DATE OF DEATH June 4th 1927
(Month) (Day) (Year)

6 DATE OF BIRTH 29th 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 U. S. (if of foreign birth) never (9) How long resident in City of New York never

10 NAME OF FATHER Patrick O'Reilly

11 BIRTHPLACE OF FATHER (State or country) Lyone Ireland

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (State or country) Ardara 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

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 31st 1927 to June 4th 1927, that I last saw June 3rd alive on the 3rd day of June 1927, that death occurred on the date stated above at 5:30 A.M., 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 1927

Signature Samuel Murphy M. D.
 Address T.S.S. Cameronia, Subjeon Anchor Laid

FILED

17 PLACE OF BURIAL At Sea

DATE OF BURIAL June 5th 1927

18 UNDERTAKER

ADDRESS Lat. 42.25 N. Long 70.28 W.

MARGIN RESERVED FOR BINDING
 NO MUTILATED CERTIFICATE WILL BE RECEIVED

Centimeters 10 9 8 7 6 5 4 3 2 1 0

Inches 4 3 2 1 0

Golden Thread

Colors by Munsell Color Services Lab

D50 Illuminant, 2 degree observer

1	2	3	4	5	6	7	8	9	10	11 (A)	12	13	14	15
39.12	65.43	49.87	44.26	55.56	70.82	63.51	39.92	52.24	97.06	92.02	87.34	82.14	72.06	62.15
13.24	18.11	-4.34	-13.80	9.82	-33.43	34.26	11.81	48.55	-0.40	-0.60	-0.75	-1.06	-1.19	-1.07
15.07	18.72	-22.29	22.85	-24.49	-35	59.60	-46.07	18.51	1.13	0.23	0.21	0.43	0.28	0.19
									0.04	0.09	0.15	0.22	0.36	0.51

Density

