

PLEASE ADDRESS ALL COMMUNICATIONS TO THE COMPANY



# CUNARD LINE ANCHOR LINE

PIERS 53-54-56-71 NORTH RIVER

NEW YORK

October 27, 1930

TELEPHONE  
CHELSEA 6780

IN YOUR REPLY  
KINDLY QUOTE

Dr. J. F. Walsh,  
Board of Health,  
505 Pearl Street,  
New York, N.Y.

Dear Sir,

We enclose herewith Death Certificate  
made out by Doctor Daniel Murphy, Surgeon of the T.S.S.  
"CAMERONIA", for Catherine Mary McCormack, 3rd Class  
Passenger, who died at sea on October 22, 1930.

Yours very truly,

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

*Not registered*

6780

D50 Illuminant, 2 degree observer

Density

0.04 0.09 0.15 0.22 0.36 0.51

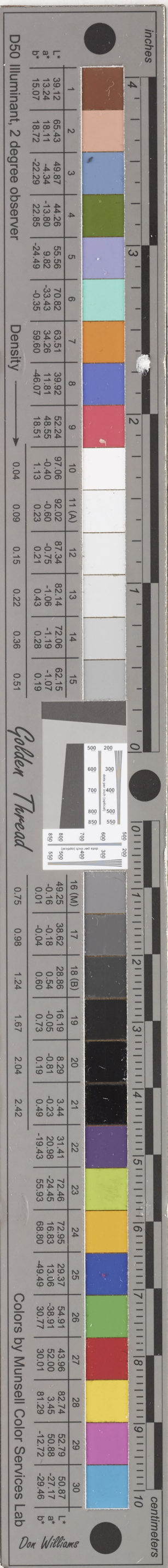
Golden Thread

0.75 0.98 1.24 1.67 2.04 2.42

Colors by Munsell Color Services Lab

Don Williams





14-H

## 1 PLACE OF DEATH

BOROUGH OF At SeaLatitude 52.17 N  
Long. 37.32 WCharacter of premises,  
whether tenement, private,  
hotel, hospital or other place, etc. Steam ship Cameronia

Registered No. ....

2 FULL NAME Catherine Mary Mac Cormack

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE

MARRIED,WIDOWED,OR DIVORCED

(Write the word)

child

15 DATE OF DEATH

October 22<sup>nd</sup>, 19 30  
(Month) (Day) (Year)

6 DATE OF BIRTH

October 23<sup>rd</sup>, 19 28  
(Month) (Day) (Year)

7 AGE

1 yrs. 11 mos. 30 ds.

If LESS than

1 day, .... hrs.

or .... min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business or establishment in  
which employed (or employer)

(c) No. of years so occupied

9 BIRTHPLACE  
(State or country)61 Green Avenue  
Brooklyn, N.Y.(9) How long in  
(A) U. S. (if of for-  
eign birth)(9) How long resi-  
(B) dent in City  
of New York

PARENTS OF DECEASED

10 NAME OF  
FATHERHarry Mac Cormack11 BIRTHPLACE  
OF FATHER  
(State or country)London, Ont.12 MAIDEN NAME  
OF MOTHERMary Gillen13 BIRTHPLACE  
OF MOTHER  
(State or country)Wexford, Ireland14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.Former or  
usual ResidenceOct 28/30

FILED

17 PLACE OF BURIAL

At Sea Lat 50.53 N  
Long 41.27 W

18 UNDERTAKER

DATE OF BURIAL

Oct 22<sup>nd</sup>, 19 30

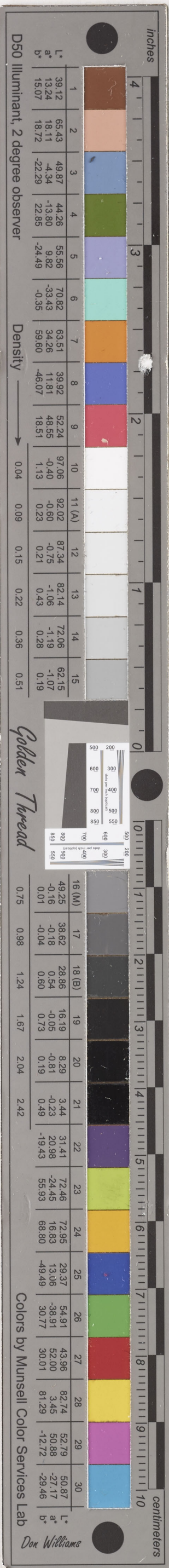
ADDRESS

Contributory  
(Secondary)exhaustionduration - yrs. - mos. 2 ds.duration - yrs. - mos. 2 ds.Witness my hand this 27 day of Oct 19 30Signature Samuel Murphy M. D.

Address

S.S. Cameronia  
Pier 54, North River





## 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, Chapter 284, Section 2. In effect January 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,  
Cellulitis,  
Childbirth,  
Convulsions,

Hemorrhage,  
Gangrene,  
Gastritis,  
Erysipelas,

Meningitis,  
Metritis,  
Miscarriage,  
Peritonitis,

Phlebitis,  
Pyaemia,  
Septicaemia,  
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**," "**Dropsy**," 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*, *Compositor*, *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 \_\_\_\_\_