

# UNITED STATES LINES AMERICAN MERCHANT LINES

ROOSEVELT STEAMSHIP COMPANY, INC.  
GENERAL AGENTS

OFFICE OF THE  
GENERAL MANAGER

ONE BROADWAY  
NEW YORK

February 8 1935

Department of Health  
Bureau of Records  
New York City

Dear Sirs:

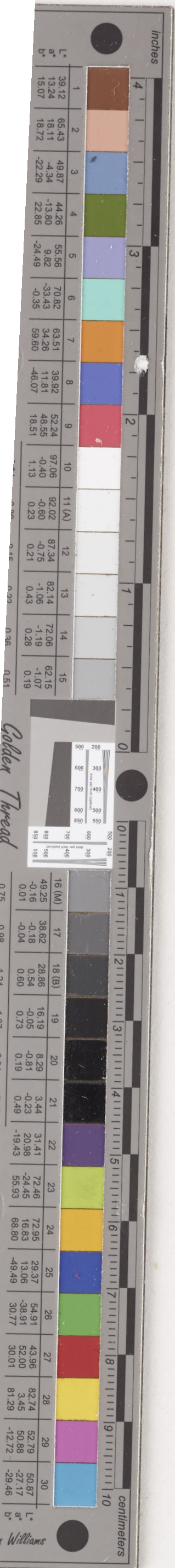
We forward herewith copy of certificate furnished by  
Dr S R Matthews, Jr, Surgeon of our SS WASHINGTON, covering the  
death of one Michael Murphy, A.B., on board the WASHINGTON at  
sea on January 19th, 1935, while the vessel was enroute from New  
York to Hamburg, Germany via Cobh, Plymouth and Havre.

Very truly yours,

A.J. McCARTHY,  
GENERAL MANAGER

PER:

WJS:N  
Encl.





A 39248

14-H 25-2608-32-B

## 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 At SeaNo. S.S. Washington - U.S. Lines St.Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc.

Registered No.

2<sup>nd</sup> PRINT FULL NAME Michael Murphy

3 SEX

M

4 COLOR OR RACE

White

5 SINGLE

Single

15 DATE OF DEATH

Jan.191935

(Month)

(Day)

(Year)

5A. WIFE  
HUSBANDOF X

6 DATE OF BIRTH

(Month)

(Day)

1

(Year)

7 AGE

34

yrs.

mos.

ds.

If LESS than

1 day,.....hrs.

or.....min.?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country)

Ireland(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  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.

Usual Residence.

865 Columbus Ave.,  
N. Y. C.

FILED

17 PLACE OF BURIAL

at sea

18 UNDERTAKER

DATE OF BURIAL

1-21-35

ADDRESS

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 Jan. 18 1935  
to Jan. 19 1935, that I last saw him  
alive on the 19 day of Jan. 1935  
that death occurred on the date stated above at 10:45 PM.,  
and that the cause of death was as follows:

Laceration of face, fracture of  
left femur, rupture of post.  
urethra & circulatory failure  
due to traumatic shock.

duration - yrs. - mos. 2 ds.Contributory acute bronchitis

(Secondary)

Operation? Yes State kind Suprapubiccystotomyduration - yrs. - mos. 2 ds.Witness my hand this 20 day of Jan. 1935Signature S. R. Matthews Jr. M. D.Address U.S. Lines, New York



## 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, 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, without any solicitation on my part or that of any other person, as undertaker by.....

(NAME AND ADDRESS)

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

(RELATIONSHIP)

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

Signature.....

82a