

MOORE-McCORMACK LINES, INC.

FIVE BROADWAY, NEW YORK

CABLE ADDRESS: MOOREMACK

November 3, 1939

BARBADOS
BUENOS AIRES
MONTEVIDEO
RIO DE JANEIRO
RIO GRANDE DO SUL
SANTOS
SAO PAULO
TRINIDAD

BERGEN
COPENHAGEN
GDYNIA
GOTHENBURG
HELSINGFORS
OSLO
STOCKHOLM
WARSAW

ATLANTA
BALTIMORE
BOSTON
BROWNSVILLE
CHICAGO
CORPUS CHRISTI
DALLAS
DETROIT
HOUSTON
MEMPHIS

MIAMI
NEW BEDFORD
NEW ORLEANS
PHILADELPHIA
PITTSBURGH
PORT ISABEL
ROCHESTER
SHREVEPORT
ST. LOUIS
TAMPA

AMERICAN SCANTIC LINE

AMERICAN REPUBLICS LINE

Doctor John T. Walsh
Office of the Registrar,
Department of Health,
125 Worth Street,
New York City.

Dear Doctor Walsh:-

Enclosed you will find a certificate of death for William Lilburn a seaman who was employed on board the S/S BRAZIL. This man died on board the vessel while it was at sea, he was buried in the Municipal Cemetery, Santos, Brazil.

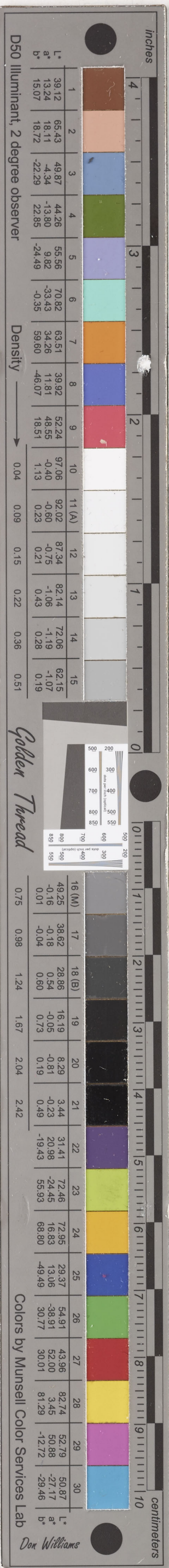
Inasmuch as I am not familiar with your regulations regarding certificates of deaths of American seamen who are buried in foreign ports, I am sending you the enclosed certificate for your requirements should you desire same.

Very truly yours,

Moore-McCormack Lines, Inc.

Francis M. Donehue
Francis M. Donehue, M.D.
Medical Director.

FMD:RDR
Enc.



D50 Illuminant, 2 degree observer

Density

0.04

0.09

0.15

0.22

0.36

0.51

0.75

0.98

1.24

1.67

2.04

2.42

2.82

3.24

3.68

4.14

4.62

5.12

5.64

6.18

6.74

7.32

7.92

8.54

9.18

9.84

10.52

11.22

11.94

Don Williams

309-36-Bu
H 60

BORO-DEATH

INSTITUTION

BORO-RESID.

AREA-DISTRICT

SEX

COLOR

CIVIL. COND.

AGE

OCCUPATION

NATIVITY

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCID.

O. T. ACCID.

ATT. AUTOP.

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

CERTIFICATE OF DEATH

Certificate No.

1 PLACE OF DEATH

BOROUGH OF MANHATTEN
Name of Institution S.S. "BRAZIL" Address PIER 60 NORTH RIVER, NEW YORK CITY2 PRINT FULL NAME WILLIAM (NONE) LILBURN
First Name Middle Name Last Name3 Residence (usual place of abode) Ave. St. Borough of MANHATTEN
(If nonresident, give place and State) No. 507 WEST STREET.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX MALE 5 COLOR OR RACE WHITE 6 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) SINGLE6A WIFE }
HUSBAND } OF7 DATE OF BIRTH JANUARY 13th., 1 886
OF DECEDENT (Month) (Day) (Year)8 AGE 53 yrs. 9 mos. 1 ds. If LESS than
1 day, hrs. or min.?9 OCCUPATION A Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. SEAMAN
B Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.
C Date deceased last worked at
this occupation (month
and year) 14 October 39 D Total time (years)
spent in this
occupation10 BIRTHPLACE
(State or country) ENGLAND11 How long in U. S. (if of foreign birth) UNKNOWN 12 How long resident in City
of New York UNKNOWN13 NAME OF FATHER OF DECEDENT WILLIAM14 BIRTHPLACE OF FATHER
(State or country) ENGLAND15 MAIDEN NAME OF MOTHER OF DECEDENT ISABELLA MARY16 BIRTHPLACE OF MOTHER
(State or country) ENGLAND

17 INFORMANT

21 PLACE OF BURIAL SANTOS, BRAZIL.

22 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH OCTOBER 14th., 19 39
(Month) (Day) (Year)19 I hereby certify that deceased was admitted to this
institution on 19....., that I last
saw h..... alive on the day of
19....., that he died on the 14th. day of
OCTOBER 19 39, about 11 o'clock A.M. or P.M.-

The principal cause of death and related causes of importance were as follows: DURATION

CORONARY THROMBOSIS

Other contributory causes of importance:

ALCOHOLISM

Name of operation Date

What test confirmed diagnosis? Was there an autopsy? NOSignature [Signature] M. D.

20 Pathologist's Report (See Over)

Signature M. D.

DATE OF BURIAL

ADDRESS

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK