

-1934

3174

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

1 PLACE OF DEATH

BOROUGH OF

No. Westchester & Jackson Ave St.Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc. Subway tracks.2 PRINT FULL NAME JOSEPH KilleRegistered No. 43693 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, or DIVORCED married  
(Write the word)15 DATE OF DEATH May 3 1935  
(Month) (Day) (Year)5A WIFE (HUSBAND) OF \_\_\_\_\_  
6 DATE OF BIRTH OF DECEDENT \_\_\_\_\_  
(Month) (Day) (Year)7 AGE OF DECEDENT 34 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, Profession or particular kind of work. auto mechanic  
(b) General nature of industry, business or establishment in which employed (or employer).  
(c) No. years so occupied.9 BIRTHPLACE (State or country) U.S.(A) How long in U. S. (if of foreign birth) \_\_\_\_\_ (B) How long resident in City of New York 1 1/2PARENTS OF DECEASED  
10 NAME OF FATHER OF DECEDENT William Kille  
11 BIRTHPLACE OF FATHER OF DECEDENT (State or country) U.S.  
12 MAIDEN NAME OF MOTHER OF DECEDENT Elizabeth O'Connell  
13 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) US

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

Former or Usual residence. 97 Kelly St  
Informant \_\_\_\_\_

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this 3 day of May 1935, taken charge of the body of deceased found at Fosham Mungul and that I have investigated the essential facts concerning the circumstances of the death.

17 I further certify that I have viewed said body and from autopsy and evidence, that he died on the 3 day of May 1935, at P.M., and that the chief and determining cause of his death was Electrocution contact with third rail; fell or jumped on railroad tracks that the contributing causes were tracks

Lawrence L. Lepa  
Assistant Medical Examiner.

Approved Charles Horus  
Chief Medical Examiner.

FILED

18 PLACE OF BURIAL St. Marys Cem. Oerensburg Pa. 21.9.DATE OF BURIAL May 7 193519 UNDERTAKER Chas. S. GraynorADDRESS 131 Morningside Ave.

#122



# MEDICAL EXAMINERS' RETURNS

The Department of Health may, from time to time, make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec. 1203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file a report in writing with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the decease of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, ten years of residence in said city, place of nativity, condition of life; whether single or married, widow or widower, color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—(Sec. 1238, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.)

47522  
11574  
149960  
7-27-41  
1R  
Accident, suicide, or homicide? Unknown Date of injury May 3 1931

Where did injury occur? Westchester + Jackson Ave (Subway tracks)  
Specify whether injury occurred in industry, in home, or in public place

Manner of injury? Fell or jumped on RR Tracks

Nature of injury? Electrocution

## 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 an undertaker herein by Minnie Kille of 971 Kelly Street who is the wife (Relationship) and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased

(Signature) Chas. H. Spaynor

Business Address 131 Morningside

Permit Number (Undertaker's) 122

If another undertaker in your employ is to take personal charge of the work in the care, preparation or other disposition of such dead human body, give his name and State License number.

State License No. \_\_\_\_\_