

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York  
BUREAU OF RECORDS

MUNICIPALITY OF Manhattan

STANDARD CERTIFICATE OF DEATH

Character of premises, whether tenement, private, hotel, hospital or other place, Hotel, 57 West 57th St.

Registered No. 30495

2 FULL NAME James J. Coogan

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(Write the word)

15 DATE OF DEATH October 24, 1915  
Month (Day) (Year)

6 DATE OF BIRTH Nov. 16, 1846  
Month (Day) (Year)

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 1, 1915 to Oct 24, 1915, that I last saw him alive on the 24 day of Oct. 1915, that death occurred on the date stated above at 3 P. M., and that the cause of death was as follows:

7 AGE 68 yrs. 11 mos. 9 ds. or less than 1 day, hrs. or min.?

Carcinoma of larynx -  
(Involving 9 months ago)

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

9 BIRTHPLACE (State or country) New York

10 How long in U.S. (If foreign birth) 68 yrs (B) How long resident in City of New York 68 yrs

10 NAME OF FATHER Jay Coogan

Duration yrs. mos. ds.

11 BIRTHPLACE OF FATHER (State or country) Ireland

Contributory (Secondary) Hemorrhage -  
(Immediate)

12 MAIDEN NAME OF MOTHER Ellen Coogan

13 BIRTHPLACE OF MOTHER (State or country) Ireland

Witness my hand this 24 day of October, 1915

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.  
Former or present residence

Signature George E. Brown M. D.  
Address 16 E 64 St.

FILED

17 PLACE OF BURIAL Calvary Cemetery DATE OF BURIAL October 27, 1915

OCT 25 1915

18 UNDERTAKER Thomas J. Deane ADDRESS 587 Lexington Ave