

1 PLACE OF DEATH

BOROUGH OF *Manhattan*

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

No. *520 West-57*

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. *Residence*

Register of No.

13382

2 FULL NAME *Charlotte Anderson Coburn*

NO MUTILATED CERTIFICATE WILL BE RECEIVED

3 SEX *Female* 4 COLOR OR HAIR *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
(Write the word)

13 DATE OF DEATH *April 7 1919*
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year) *1*

15 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 *March 20 1919* to *April 7 1919*, that I last saw *her* alive on the *7* day of *April* 191*9*, that death occurred on the date stated above at *8:30 P.M.*, and that the cause of death was as follows:

7 AGE *50* yrs. *10* mos. *27* da. IF LESS than 1 day, hrs. or min.?

Broncho Pneumonia.

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

duration *7* yrs. *10* mos. *27* da.

9 BIRTHPLACE (State or country) *Ireland*

(A) How long in U. S. (if of foreign birth) *65 yrs.* (B) How long resident in City of New York *65 yrs.*

Contributory (Secondary) *Pneumonia*

10 NAME OF FATHER *Leopold Anderson*

11 BIRTHPLACE OF FATHER (State or country) *Ireland*

12 MAIDEN NAME OF MOTHER *Ann Neaghen*

13 BIRTHPLACE OF MOTHER (State or country) *Ireland*

duration *7* yrs. *10* mos. *27* da.
Witness my hand this *7* day of *April* 191*9*

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

Signature *Richard J. Bayfield* M. D.

Former (or usual Residence) _____

Address *71 West-92 St*

FILED

17 PLACE OF BURIAL *Greenwood Cemetery*

DATE OF BURIAL *April 10*

IPR-121

18 UNDERSTANDING SIGNATURE *Edith Bayfield*

ADDRESS *1405 W 44 St*