

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

CERTIFICATE OF DEATH

4600 -1933

1 PLACE OF DEATH
Brooklyn
BOROUGH OF
Cumberland Hospital

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

Registered No. 15177

2 PRINT FULL NAME NICHOLAS GALLANO

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED Single

15 DATE OF DEATH July 12th 1934
(Month) (Day) (Year)

5A WIFE (HUSBAND) OF
6 DATE OF BIRTH (Month) (Day) (Year)

16 I hereby certify that the foregoing particulars (Nos. 1 to 16 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this 20 day of July 1934, taken charge of the body of deceased found at Morgue,

7 AGE OF DECEDENT If LESS than 1 day, hrs. or min. 2 1/2 yrs.

and that I have investigated the essential facts concerning the circumstances of the death.

8 OCCUPATION Infant
(a) Trade, Profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) No. years so occupied

17 I further certify that I have viewed said body and from examination and evidence, that he died on the 12 day of July 1934, at 4:20 P.M., and that the chief and determining cause of his death was Congenital Syphilis.

9 BIRTHPLACE (State or country) United States
(A) How long in U. S. (if of foreign birth)
(B) How long resident in City of New York Life

10 NAME OF FATHER OF DECEDENT Charles

11 BIRTHPLACE OF FATHER OF DECEDENT U.S.

12 MAIDEN NAME OF MOTHER OF DECEDENT Jennie Montalto

13 BIRTHPLACE OF MOTHER OF DECEDENT Italy

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.
Former or Usual residence 545 - 50th Street, Informant

that the contributing causes were

Edward H. Middel, M.D. Assistant Medical Examiner
Charles H. Jones, M.D. Chief Medical Examiner

JUL 20 1934 FILED 650

18 PLACE OF BURIAL CITY CEMETERY

DATE OF BURIAL, 1934

19 UNDERTAKER Depoy Hooy

ADDRESS

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Irene A Scanlon

IRENE A SCANLON CITY REGISTRAR

NOV 13 1987

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NO MUTILATED CERTIFICATE WILL BE RECEIVED