BUREAU OF RECORDS
DEPT. OF HEALTH
BROOKLYN

CERTIFICATE OF DEATH

1. PLACE OF DEATH
Borough of Brooklyn
No. Newtown Creek & Manhattan Ave. St.
(If in institution, give name instead of street)
Newtown Creek
(If in hospital, give name of hospital)

Certificate No. 8001

2. FULL NAME (PRINT) Owen (First name) Cooper (Middle name) (Last name)

3. RESIDENCE (usual place of abode) (If institution, give place and length of stay) No. 138 Franklin Street St. Borough Brooklyn

PERSONAL AND STATISTICAL PARTICULARS

4. SEX: Male
5. COLOR OR RACE: White
6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
7. WIFE OF (HUSBAND): Margaret
8. DATE OF BIRTH OF DECEDENT: Feb. 9th (Month) (Day) 1905 (Year)
9. AGE OF DECEDENT: 34 yrs. 6 mos. 25 days
10. IF UNDER 1 DAY: hrs. or min.
11. OCCUPATION: Trade, profession, or particular kind of work done, as spinner, weaver, housekeeper, etc.: Laborer
12. INDUSTRY OR BUSINESS: Industry or business in which work was done, as silk mill, department store, etc.: Sprague Coal Co.
13. How long employed at this occupation (months and years): 6 Yrs.
14. Total time (years) spent in this occupation: 4 Yrs.
15. BIRTHPLACE (State or country): Ireland
16. How long in U. S. (If foreign born): 9 yrs.
17. How long in City of New York: 9 yrs.
18. NAME OF FATHER OF DECEDENT: Edward
19. BIRTHPLACE OF FATHER OF DECEDENT (State or country): Ireland
20. MAIDEN NAME OF MOTHER OF DECEDENT: Mary Keenan
21. BIRTHPLACE OF MOTHER OF DECEDENT (State or country): Ireland
22. INFORMANT: Wife, Margaret

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: Sept. 8, 1907 (Month) (Day) (Year)

24. I certify that I have this 8 day of Sept. 1907, taken charge of the body of deceased found at Morgan and that I have investigated the essential facts concerning the circumstances of the death.

25. I further certify that I have viewed said body and from examination and evidence, that he died on the 8 day of September 1907, at 8 A.M., and that the chief and determining cause of his death was Accidental Drowning.

that the contributing causes were

Edward H. [illegible] M.D.
Assistant Medical Examiner.

Approved: [illegible] M.D.
City Medical Examiner.

26. PLACE OF BURIAL: St. Chas. Cemetery
27. UNDERTAKER: Edward A. Wortmann
28. DATE OF BURIAL: Feb. 9 1907
29. ADDRESS: 78 Montrose Ave.

BUREAU OF RECORDS — DEPARTMENT OF HEALTH — CITY OF NEW YORK

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