

Register of Deaths

Town in the Village of Lyons, County of Onondaga, State of New York
 City

Registered No. 12

No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

ST: _____ WARD _____

2 Full name Cornelius M. Sarty

3 Residence No. R3 Baldwinsville St. Ward _____
 (Usual place of abode)

4 Length of residence in district where death occurred

Years	Months	Days
6	0	

5 How long in U.S., if of foreign birth?

Years	Months	Days

PERSONAL AND STATISTICAL PARTICULARS

6 SEX Male 7 COLOR OR RACE white 8 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

8a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Mary Smith

9 DATE OF BIRTH (month, day, year) Feb 15 1858

10 AGE

Years	Months	Days	IF LESS than 1 day	hrs.	or	min.
81	1	22				

11 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

12 Industry or business in which work was done, as silk mill, saw mill, bank, etc. owns farm

13 Date deceased last worked at this occupation (month and year) Nov. 1938 14 Total time (years) spent in this occupation 60 yrs

15 BIRTHPLACE (City or Town) (State or Country) Gay N.Y.

16 NAME Samuel M. Sarty

17 BIRTHPLACE (City or Town) (State or Country) Ireland

18 MAIDEN NAME Katherine Burke

19 BIRTHPLACE (City or Town) (State or Country) Ireland

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) Mrs. Cornelius M. Sarty
 Informant (Address) Baldwinsville N.Y.

21 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Cem. Baldwinsville N.Y. DATE OF BURIAL Apr 10 1939

22 UNDERTAKER (License No.) Harlan S. Gates, per ADDRESS Baldwinsville N.Y.
Lawrence G. Carter, 3856

23 Filed Apr 5 1939 Registrar Gertrude W. Keatzer Apr 7 1939 (Address) Baldwinsville N.Y.

BURIAL OR TRANSIT PERMIT ISSUED BY Gertrude W. Keatzer DATE OF ISSUE April 8, 1939

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day, and year) April 7 1939

25 I HEREBY CERTIFY, That I attended deceased from July 1938 to Apr 6 1939

I last saw him live on Apr 6 1939

To the best of my knowledge, death occurred on the date stated above, at 1:30 a.m.

CAUSE OF DEATH

Myocarditis
 CONTRIBUTORY CAUSES
 (a) Arteriosclerosis

DURATION OF CONDITION		
Yrs.	Mos.	Days.
1	6	
5		

(b) _____
 (c) **UNCERTIFIED COPY FOR GENEALOGY PURPOSES ONLY**
 (d) _____

26 Where was disease contracted, or injury sustained? _____

27 Name of operation, if any _____ Date _____
 Condition for which performed _____

Organ or part affected _____

28 What laboratory test-assisted diagnosis? none

29 Was there an autopsy? no

(Signature) Frank B. Spengler M.D.
Apr 7 1939 (Address) Baldwinsville N.Y.