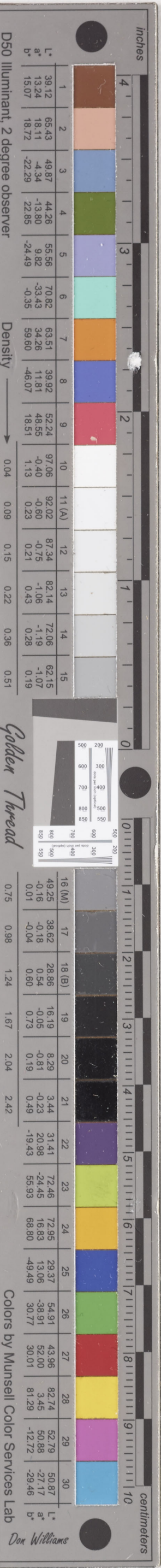


Permission granted to remove
body to 1970 Broadway

Shirley W. Wynne, M.D.
Assist. Registrar



Clyde Steamship Company.

Santo Domingo Line

11 Broadway, New York, N.Y.



Onboard S.S. Huron, Aug 24-1921.

Mr. R. Q. Bazan Age 66, was a citizen of Macoris San Domingo Island; and at the time of his death on board the S.S. Huron Aug. 24th 1921 was enroute to the Mayo Hospital Rochester Minnesota to be operated on for gall stones. Dying to the rough sea off Cape Hatteras Mr. Bazan became worse and passed away at 12:30 P.M. ship's time, or three hours before reaching New York.

The immediate cause of death was Foxemia due to the jaundiced condition owing to the presence of gall stones.

Other complications present were Mitral regurgitation with hypertrophy of cardiac muscle and liver.

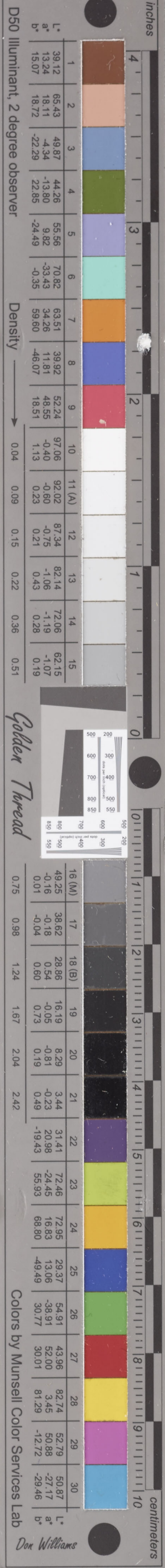
M. J. Peters M.D.
Ship's Surgeon
S.S. Huron

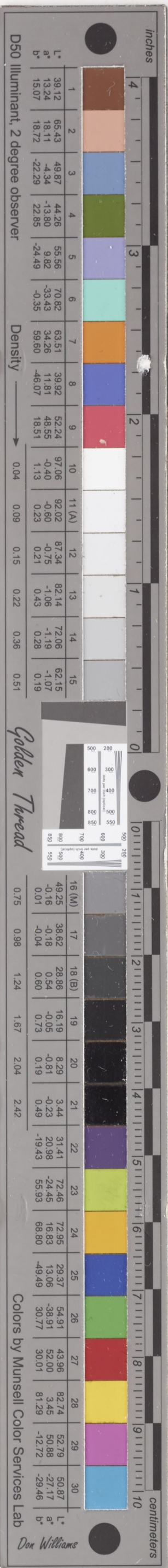
I hereby give Frank E. Campbell

authority to remove body of
Lorenzo H. Bazan to 1770 Broadway

322 West 80th St

Salvador E. Rios
Burial in Cuba





TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from **criminal violence** or by a **casualty**, or by **suicide**, or **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, ch. 284, & 2. In effect Jan. 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,
Cellulitis,
Childbirth,
Convulsions,

Haemorrhage,
Gangrene,
Gastritis,
Erysipelas,

Meningitis,
Metritis,
Miscarriage,
Peritonitis,

Phlebitis,
Pyaemia,
Septicaemia,
Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsy," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is **mutilated, illegible, inaccurate**, or any portion of which has been **erased, interlined, corrected or altered**, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by.....
(NAME)

the.....
(RELATIONSHIP) of deceased. This statement is made to obtain a permit

for the burial or cremation of the remains of deceased.....

Signature.....
2a

"THE FUNERAL CHURCH," INC.

Roy C. Sley atty.

1 PLACE OF DEATH

BOROUGH OF

San Pedro de Macoris
Clyde Line

No.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

Registered No.

1568

2 FULL NAME

Louis G. Bagan

3 SEX

Male

4 COLOR OR RACE

Malay

5 SINGLE
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

15 DATE OF DEATH

Aug

24

1921

(Month)

(Day)

(Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

66

yrs. mos. ds.

If LESS than
1 day,.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Dominican Planter

(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

Cuba

(A) How long in
U. S. (if of for-
eign birth)(B) How long resi-
dent in City
of New York

PARENTS OF DECEASED

10 NAME OF
FATHER

Pedro M. Bagan

11 BIRTHPLACE
OF FATHER
(State or country)

Cuba

12 MAIDEN NAME
OF MOTHER

Caroline Diaz

13 BIRTHPLACE
OF MOTHER
(State or country)

Cuba

14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual Residence

San Pedro de Macoris

Santo Domingo Island

FILED

17 PLACE OF BURIAL

San Pedro de Macoris

18 UNDERTAKER

Frank E. Campbell

DATE OF BURIAL

Aug 31, 1921

ADDRESS

1970

Signature

M. D.

Address

55 Huron Clyde Line

"THE FUNERAL CHURCH"

Ray C. Day atty.

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED