

PANAMA RAIL ROAD COMPANY

GEO. W. GOETHALS, PRESIDENT

E. A. DRAKE, VICE-PRESIDENT

SYLVESTER DEMING, TREASURER

T. H. ROSSBOTTOM, ASST. TO VICE-PRES. & SEC'Y

V. M. NEWTON, AUDITOR

PANAMA RAIL ROAD STEAMSHIP LINE

24 STATE STREET

NEW YORK, Sept. 29th, 1915.

FILE _____

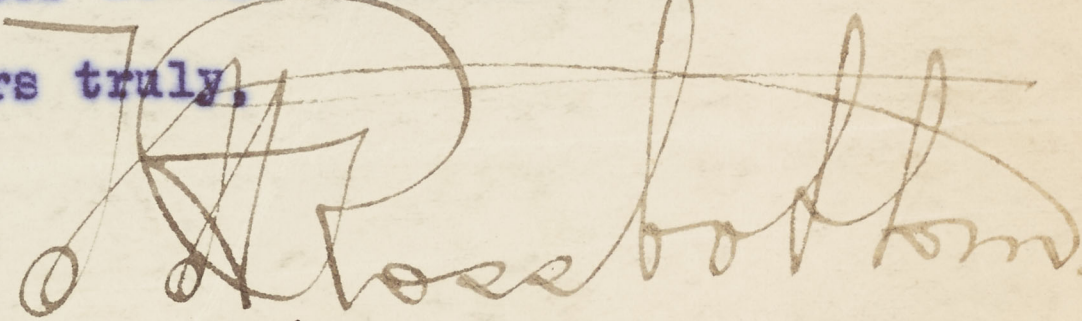
SUBJECT:

Department of Health,
City of New York,
Walker & Centre Sts.,
New York City.

Dear Sirs:-

We enclose certificate signed by the Master of our SS "ADVANCE" covering the death at sea on September 6th of Dr. F. Fillmore Burtis, the Surgeon of that steamer. If it is necessary to answer all the questions in the attached death certificate, the information will have to be furnished by some member of his family as we have no information other than that indicated therein. We understand that his sister resides at 612 West 137th St.

Yours truly,



Secretary.

RB

Encl.

DEPARTMENT OF HEALTH

OFFICE OF THE SECRETARY

RECEIVED

SEP 29 1915

ACKNOWLEDGED

ANSWERED

REFERRED TO

FOR ATTENTION - INVESTIGATION AND
MEMORANDUM FOR REPLY.

D50 Illuminant, 2 degree observer

Density

0.04

0.09

0.15

0.22

0.36

0.51

Golden Thread

0.75

0.98

1.24

1.67

2.04

2.42

Colors by Munsell Color Services Lab

Don Williams

W. H. Rossbottom

October 6,

5.

Mr. T. H. Rossbottom,
Panama Rail Road Company,
24 State Street,
New York, N. Y.

Dear Sir:-

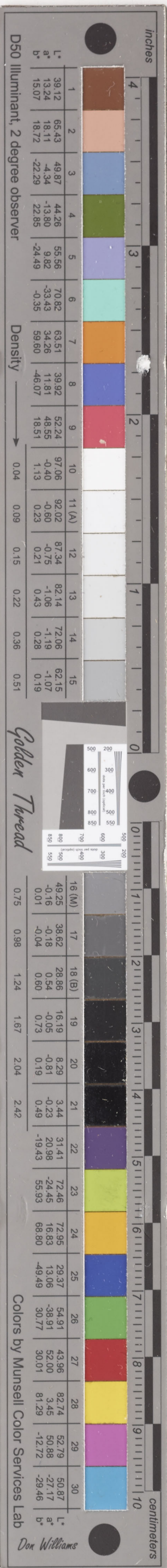
I am in receipt of yours of September 29th enclosing a certificate of the death of Dr. F. Fillmore Burtis, Surgeon of the Steamer Advance who died at sea on September 6th.

The matter has been referred to the Registrar for further attention.

Respectfully,

HR/3

Secretary



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 135 and 161).

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 160).

3. If a person dies from **criminal violence** or by a **casualty**, or **suddenly while in apparent health**, or when **unattended by a physician** or **in prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

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

Abortion,	Haemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. 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.

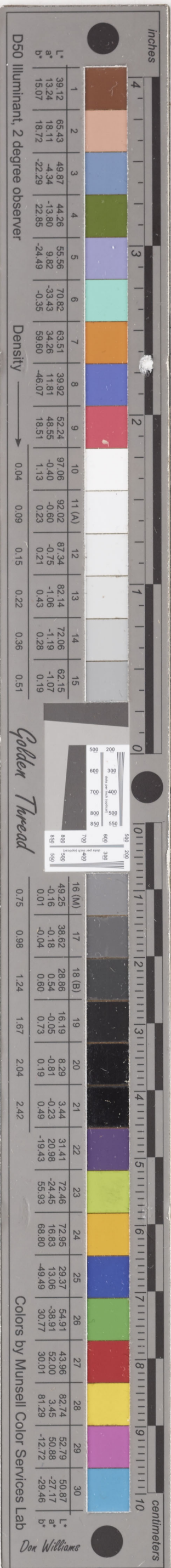
I hereby certify that I have been employed as undertaker by..... (NAME)

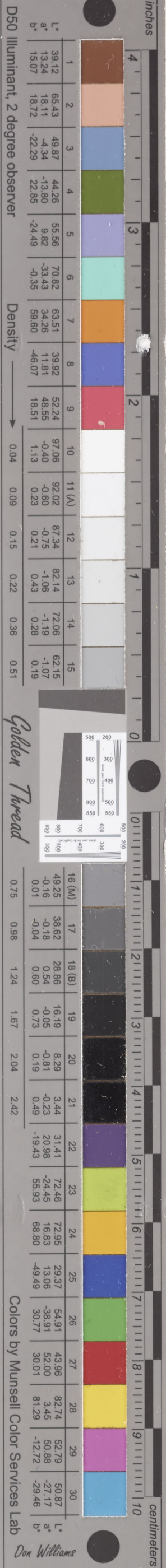
the..... of deceased. This statement is made to obtain a permit
(RELATIONSHIP)

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

Signature.....

136





14 H-1014

1 PLACE OF DEATH

BOROUGH OF

"S.S." ADVANCE

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

No.

AT SEA - Voy. NEW YORK to Colon St.

LAT. 22°-12' N, 74°-13' W

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

S.S. "ADVANCE"

Registered No. _____

2 FULL NAME

F. FILLMORE BURTIS

3 SEX

MALE

4 COLOR OR RACE

WHITE

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

SINGLE

15 DATE OF DEATH

SEPTEMBER 6TH, 1915
(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

1877

7 AGE

38

yrs. mos. ds.

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

8 OCCUPATION

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

PHYSICIAN

(b) General nature of industry,
business or establishment in
which employed (or employer)PANAMA P.R.S.S. LINE
AS SHIP'S SURGEON

9 BIRTHPLACE

(State or country)

NEW YORK STATE

(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
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence612 W. 137ST N.Y. CITY

FILED

17 PLACE OF BURIAL

AT SEA LAT. 19° 37' N = 74° 23' W. SEPT. 7TH 10¹⁰ AM 1915

18 UNDERTAKER

DATE OF BURIAL

ADDRESS

16 I hereby certify that the foregoing partic-
ulars (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
191 to 191, that I last saw him alive on the 6TH day of
SEPT. 1915, that death occurred on
the date stated above at 8:30 P.M., and that
the cause of death was as follows:

(No. OTHER PHYSICIAN ON BOARD)

APPARENTLY HEART FAILURE
FOUND DEAD SITTING IN CHAIR

duration yrs. mos. ds.

Contributory
(Secondary)

duration yrs. mos. ds.

Witness my hand this day of 191

Signature

J. J. Clark - MASTER

Address

STEAMSHIP "ADVANCE"
PIER 67 N.R. N.Y.C.