

MEDICAL EXAMINERS' RETURNS

The Department of Health may, from time to time make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec. 1203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file report in writing, with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the decease of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life; whether single or married, widow or widower; color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—Sec. 1238, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.

Sec. 32. Death; duty of physicians and other persons to report; contents of death certificate. Physicians who shall have attended deceased persons in their last illness shall make and preserve a registry of the death of every such person, stating the cause thereof and specifying the date, hour, street, and street number of the premises of such death, and shall file with the Department of Health a report, in writing, of the death of every such person, stating, as nearly as can be ascertained, the date of death, the sex, name and surname, age, occupation, term of residence in The City of New York, place of nativity, condition of life, namely, whether single or married, a widow or widower, or divorced, the color, last place of residence, the name and birthplace of the parents respectively, the maiden name of the mother, and the chief and determining, and the contributory, cause or causes of death, of such person; stating also whether an autopsy has been performed, and, if so, the findings of such autopsy; and the chief Deputy and Assistant Medical Examiner shall, in their certificates, conform to the requirements of this section, and, where death shall have resulted from accident, homicide, or suicide shall specify how, when, and where the injuries causing such death were received. (S. C. Sec. 160.)

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.....*Ellen Taylor*.....
(NAME)

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

burial or cremation of the remains of deceased...*David Atkinson*.....

Signature.....*James J. Keenan*.....

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

1 PLACE OF DEATH

BOROUGH OF

No. 174 55 Cedar St Pier 60 N.Y.C.
(If institution, state name)

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

Registered No. 3377

2 FULL NAME

David Atkinson

3 SEX

M

4 COLOR OR RACE

W

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

married

15 DATE OF DEATH

Sept. 3, 1922

(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

48

If LESS than
1 day,hrs.
ormin.?

8 OCCUPATION

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

Chief Butcher

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

aboard ship

9 BIRTHPLACE

(State or country)

England

(9) How long in
(A) U. S. (if of foreign birth)

(9) How long resident
(B) in City of New York

PARENTS OF DECEASED

10 NAME OF FATHER

James Atkinson11 BIRTHPLACE OF FATHER
(State or country)Long

12 MAIDEN NAME OF MOTHER

Mary Lyne13 BIRTHPLACE OF MOTHER
(State or country)Long

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or Usual Residence

Liverpool - England

FILED

18 PLACE OF BURIAL

Liverpool England

19 UNDERTAKER

James J. Keenan 90

DATE OF BURIAL

Sept 7, 1922

ADDRESS

509 Hudson St

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this 3 day of Sept 1922, taken charge of the body of deceased found at 55 Cedar St Pier 60 N.Y.C. and that I have investigated the essential facts concerning the circumstances of the death.

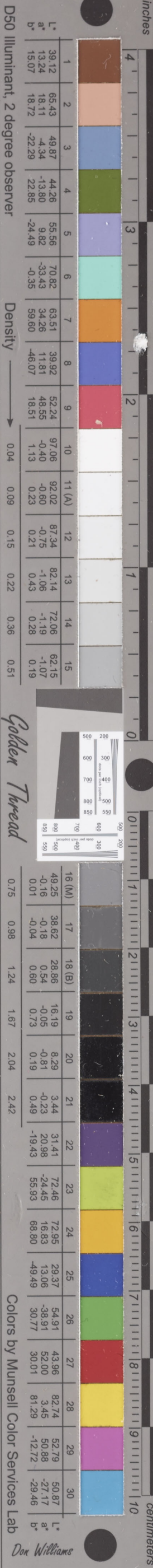
17 I further certify that I have viewed said body and from examination and evidence, that he died on the 3 day of Sept. 1922, at 7 A. M., and that the chief and determining cause of his death was Cerebral hemorrhage (spontaneous).

that the contributing causes were.....

Assistant Medical Examiner

Approved

Chief Medical Examiner



MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

RECEIVED

DEPT. OF HEALTH