

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF Atrea nearNo. Turks Island, B. W. I., or S. P. Roquoir St.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

Registered No.

2 FULL NAME Thomas Forbes

3 SEX

Male

4 COLOR OR RACE

Colored5 SINGLE
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Married

15 DATE OF DEATH

January 30th, 1924
(Month) (Day) (Year)

6 DATE OF BIRTH

1880
(Month) (Day) (Year)

7 AGE

44 yrs. — mos. — ds.
If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work Workaway seaman
(b) General nature of industry,
business or establishment in
which employed (or employer) Shipping

9 BIRTHPLACE

(State or country) Turks Island, B. W. I.(9) How long in
(A) U. S. (if of foreign birth)Unknown(9) How long res-
(B) dent in City
of New YorkUnknown

PARENTS OF DECEASED

10 NAME OF FATHER

Walter Forbes

11 BIRTHPLACE OF FATHER

(State or country) Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or country) Unknown14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual Residence534 Broadway, Brooklyn, N. Y.16 I hereby certify that the foregoing particulars
(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 Jan. 25th 1924
to Jan. 30th 1924, that I last saw
alive on the 30th day of January 1924
that death occurred on the date stated above at 12:30 A.M.,
and that the cause of death was as follows:Lobar pneumoniaduration 0 yrs. 0 mos. 4 ds.
Contributory None
(Secondary)duration — yrs. — mos. — ds.
Witness my hand this 18 day of Feb 1924Signature C. B. Blum M. D.Address 137 West 78th Street.

FILED

17 PLACE OF BURIAL

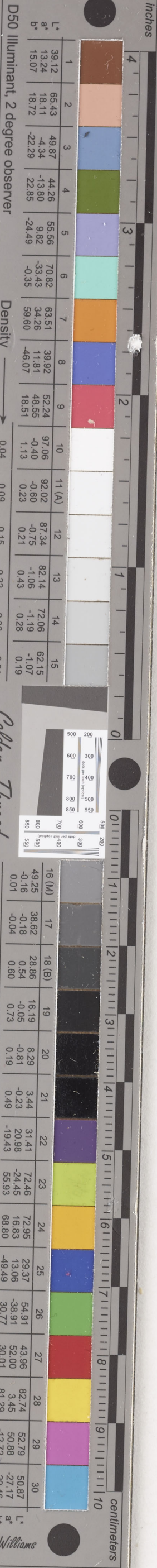
Turks Island, B. W. I.

18 UNDERTAKER

DATE OF BURIAL

January 30th, 1924

ADDRESS

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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,
Pyæmia,
Septicæmia,
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.....of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased.....

Signature.....

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(State or country) *Turks Island, B. W. I.*

(9) How long in

(A) U. S. (if of foreign birth) *Unknown* (B) How long resident in City of New York *Unknown*

10 NAME OF FATHER

Walter Forbes

11 BIRTHPLACE OF FATHER

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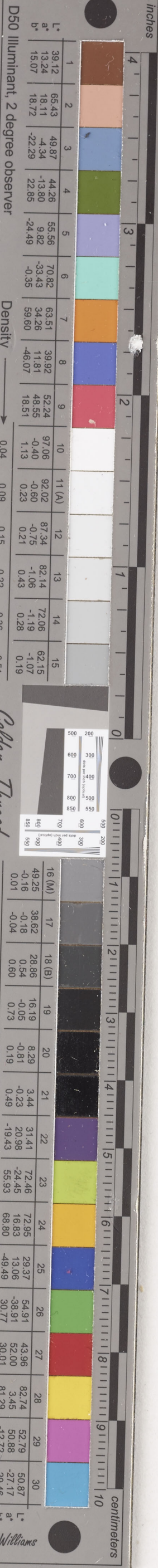
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18 UNDERTAKER

DATE OF BURIAL

Jan. 30th, 1924

ADDRESS

duration *0* yrs. *0* mos. *4* ds.Contributory *None*
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Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
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38a

