

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 *At sea near*

No. *Turks Island, B. W. I., or Sp. Roquair 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 *Colored* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married* 15 DATE OF DEATH *January 30th, 1924*

6 DATE OF BIRTH ..... 1880

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 U. S. (if of foreign birth) *Unknown* (9) How long resident in City of New York *Unknown*

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) *Unknown*

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

Former or usual Residence *534 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 pneumonia*

duration *0* yrs. *0* mos. *4* ds. Contributory *None* (Secondary)

duration *—* yrs. *—* mos. *—* ds. Witness my hand this *18* day of *Feb* 1924

Signature *C. Bluetypre* M. D.

Address *137 West 78th Street.*

FILED

17 PLACE OF BURIAL

*Turks Island, B. W. I.*

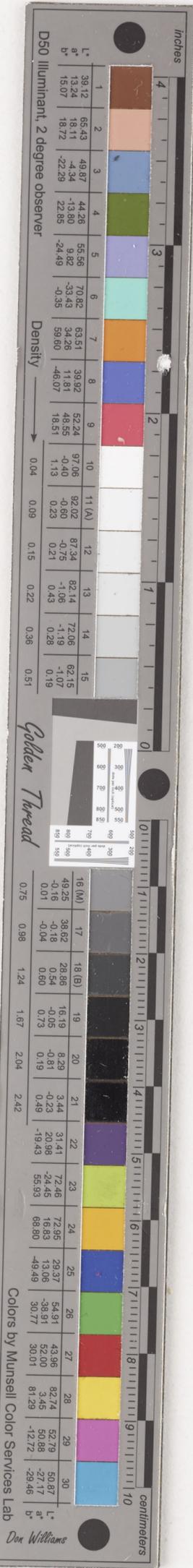
DATE OF BURIAL

*January 30th, 1924*

18 UNDERTAKER

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,	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 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.

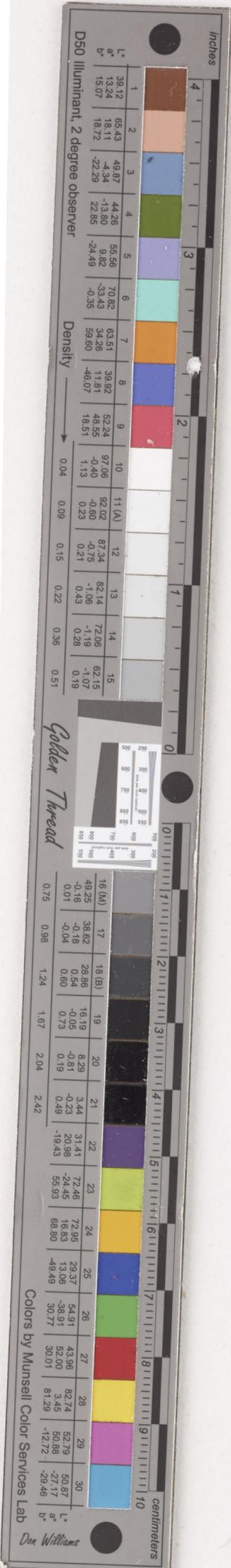
2. Certificates must be written throughout in black ink.

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.....



1 PLACE OF DEATH

BOROUGH OF At sea near

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

No. Turks Island, B. W. I. 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 Colored 5 SINGLE MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

15 DATE OF DEATH January 30th, 1924  
(Month) (Day) (Year)

6 DATE OF BIRTH ..... 1880  
(Month) (Day) (Year)

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

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 U. S. (if of foreign birth) Unknown (9) How long resident in City of New York Unknown

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) Unknown

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

Former or usual Residence } Turks Island, B. W. I.

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. 26th, 1924 to Jan. 30th, 1924, that I last saw him 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 pneumonia.

..... duration 0 yrs. 0 mos. 4 ds.

Contributory None  
(Secondary)

..... duration ..... yrs. .... mos. .... ds.

Witness my hand this 18 day of Jan. 1924

Signature L. B. MacIntyre M. D.

Address 137 W. 78th Street

FILED

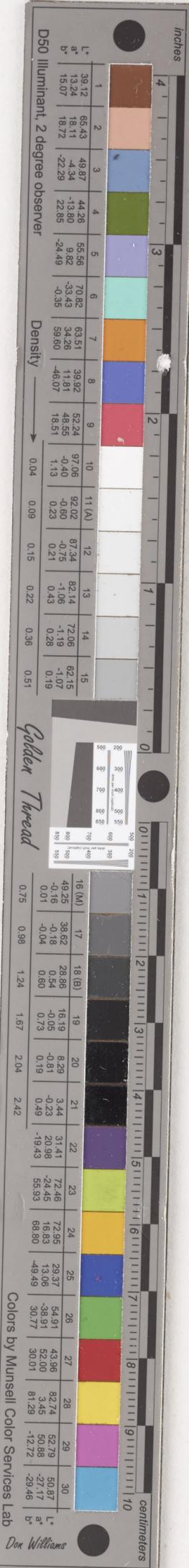
17 PLACE OF BURIAL Turks Island, B. W. I.

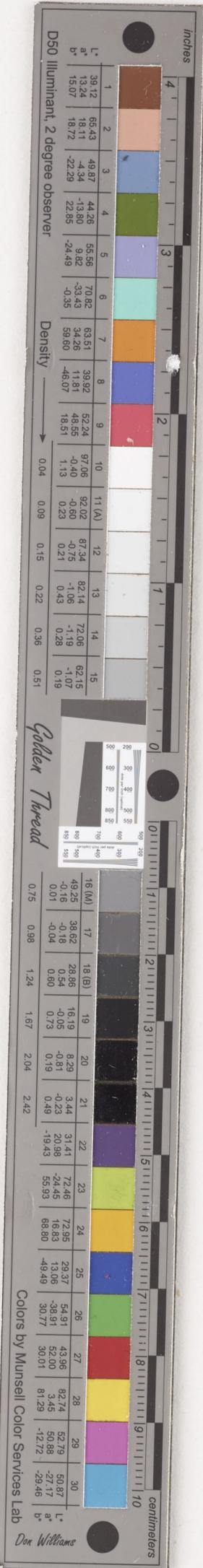
DATE OF BURIAL Jan. 30th, 1924

18 UNDERTAKER

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,	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 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.....

38a