

NOTE:—Four copies to be made and turned in with original by Ship's Surgeon to Marine Superintendent on arrival at New York.

# New York and Cuba Mail Steamship Company

## DEATH CERTIFICATE

S. S. "AGWISTAR" VOY. 16 DATE July 5th, 1924

1. Name of the person deceased..... JOHN RERAS .....
2. Address ..... 155 WEST 66TH STREET, NEW YORK, N.Y. ....
3. Passenger or member of the crew..... CREW .....
4. Occupation or profession..... 1st. AST. ENGINEER .....
5. Age..... 31 .....
6. Sex..... MALE .....
7. Race..... WHITE .....
8. Citizenship..... U.S. (NATURALIZED) .....
9. Married or single..... SINGLE .....
10. Duration of illness..... 12 HOURS .....
11. Name and address of nearest relative... B. RERAS, BROTHER .....
- ..... 210 EAST 25th. St. New York, N.Y. ....
12. Length of time under care of Ship's Surgeon.....
13. Cause of death..... HEART FAILURE. (AS PER DOCTOR'S CERTIFICATE) .....
14. Time of death, Hour 7 A.M. Day 20 Month JUNE Year 1924 .....
15. Place of death TAMPICO, MEXICO..... Lat. ----- Long. -----

If buried at sea, give Latitude, Longitude, Date and Hour.

Latitude. NOT BURIED AT SEA ..... Date.....

Longitude..... A. M..... P. M.

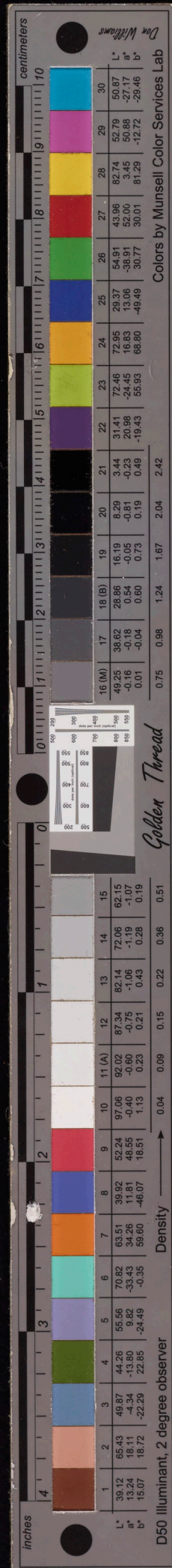
If brought to Port give full particulars. DIED AT SPANISH HOSPITAL. ...

( La Casa de Salud del Centro Espanol, Tampico )  
Buried in General Cemetery, Tampico, June 20, 1924, in plot #572

W. Klemite  
First Officer

H. Bonifase  
Doctor

For list of effects of deceased and disposal thereof, see back of this sheet.





1. List of effects of deceased.

(a) Clothing, etc.

(b) Valuables

(c) Documents, papers, etc.

2. If a member of the crew,

Amount of wages due at time of death \$.....

3. Disposal of effects. **Delivered to U S Shipping Commissioner at New York July 10th/1924 with amount of wages due.**

Purser

Date. **July 10th/1924.**.....

