

14 H-1914

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

No.

St.

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

Registered No.

2 FULL NAME

3 SEX

4 COLOR OR RACE

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

15 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

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

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)(A) How long in  
U. S. (if of for-  
eign birth)(B) How long resi-  
dent in City  
of New York10 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 residence }

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 alive on the 29 day of  
Oct- 1915, that death occurred on  
the date stated above at 10:30 P.M., and that  
the cause of death was as follows:

Disease stepped of  
Duck on returning to  
ship & was drowned  
body found next day. sub-  
buried in Colon Cemetery  
by Hospital Authority  
Contributory.  
(Secondary)

duration.....yrs.....mos.....ds.  
Witness my hand this.....day of.....191

Signature John M. Gurn M. D.

Address S. S. Callanua 77th St. &amp; 4th Ave New York

FILED

17 PLACE OF BURIAL

DATE OF BURIAL

18 UNDERTAKER

ADDRESS

inches

centimeters

	1	2	3	4	5	6	7	8	9	10	11 (A)	12	13	14	15
L*	39.12	65.43	49.87	44.26	55.56	70.82	63.51	39.92	52.24	97.06	92.02	87.34	82.14	72.06	62.15
a*	13.24	18.11	-4.34	-13.80	9.82	-33.43	34.26	11.81	48.55	-0.40	-0.60	-0.75	-1.06	-1.19	-1.07
b*	15.07	18.72	-22.29	22.85	-24.49	-0.35	59.60	-46.07	18.51	1.13	0.23	0.21	0.43	0.28	0.19

D50 Illuminant, 2 degree observer

Density

0.04 0.09 0.15 0.22 0.36 0.51

Golden Thread

	16 (M)	17	18 (B)	19	20	21	22	23	24	25	26	27	28	29	30
L*	49.25	38.62	28.86	16.19	8.29	3.44	31.41	72.46	72.95	29.37	54.91	43.96	82.74	52.79	50.87
a*	-0.16	-0.18	0.54	-0.05	-0.81	-0.23	20.98	-24.45	16.83	13.06	-38.91	52.00	3.45	50.88	-27.17
b*	0.01	-0.04	0.60	0.73	0.19	0.49	-19.43	55.93	68.80	-49.49	30.77	30.01	81.29	-12.72	-29.46

0.75 0.98 1.24 1.67 2.04 2.42

Colors by Munsell Color Services Lab

Don Williams



Name obtained by telephone from S.S. Co. 11-8-15, J.S.W.  
Dr. omitted it by mistake

## 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,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia.
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.....

49

