

A

127171

1 PLACE OF DEATH

14-H 25-2608-31-B.P.

STATE OF NEW YORK

## Department of Health of The City of New York

BUREAU OF RECORDS

## STANDARD CERTIFICATE OF DEATH

(BOROUGH OF)

Onboard 14/s Gripsholm from

No.

New York to Sweden St.

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

Registered No.

2 FULL NAME Hulda Jeanette Johnsson

3 SEX

female

4 COLOR OR RACE

Scandinavian

5 SINGLE

MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

15 DATE OF DEATH

July

(Month)

7<sup>th</sup>

(Day)

1938

(Year)

5A. WIFE

HUSBAND

Jacob Johnsson

6 DATE OF BIRTH

NOVEMBER, 8<sup>th</sup>, 1885

(Month)

(Day)

(Year)

7 AGE

54

yrs.

8

mos.

ds.

If LESS than

1 day,.....hrs.

or.....min.?

8 OCCUPATION

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

housewife

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

9 BIRTHPLACE

(State or country)

Sweden

(9) How long in  
U. S. (if of for-  
eign birth)

45 yrs

(9) How long resi-  
dent in City  
of New York10 NAME OF  
FATHER

Johan August Hedlund

11 BIRTHPLACE  
OF FATHER

(State or country)

Sweden

12 MAIDEN NAME  
OF MOTHER

Johansson

13 BIRTHPLACE  
OF MOTHER

(State or country)

Sweden

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

Usual Residence

Warren Pa.

FILED

DEC 2 1938

17 PLACE OF BURIAL

18 UNDERTAKER

DATE OF BURIAL

ADDRESS

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 the 7<sup>th</sup> of July 1938  
to the 7<sup>th</sup> of July 1938, that I last saw her  
alive on the 7<sup>th</sup> day of July 1938  
that death occurred on the date stated above at 2<sup>40</sup> AM.,  
and that the cause of death was as follows:

Cancer - ventriculi

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

Contributory

(Secondary)

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

Witness my hand this 1<sup>st</sup> day of Dec. 1938

Signature

Ivan Regner, M. D.

Address

14/s Gripsholm, Gothenburg

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	72.05	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

Colors by Munsell Color Services Lab

Don Williams



## 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, Chapter 284, Section 2. In effect January 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,	Hemorrhage,	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 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 \_\_\_\_\_ 58

