

25-2609-36-Bu
15 H

At Sea
Lat - 43° 42' N
Long - 10° 01' E

CERTIFICATE OF DEATH

Certificate No. _____

BORO-DEATH

INSTITUTION

BORO-RESID.

AREA-DISTRICT

SEX

COLOR

CIVIL. COND.

AGE

OCCUPATION

NATIVITY

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCID.

O. T. ACCID.

ATT. AUTOP.

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

1 PLACE OF DEATH
Borough of S.S. Manhattan

Name of Institution _____ Address Ripende Italy

2 PRINT FULL NAME Antonio Cossi
First Name Middle Name Last Name

3 Residence (usual place of abode) _____ Ave. _____
(If nonresident, give place and State) No. _____ St. Borough of _____

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M **5 COLOR OR RACE** W **6 SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

6A WIFE } L
HUSBAND } OF _____

7 DATE OF BIRTH OF DECEDENT Sept 16, 1901
(Month) (Day) (Year)

8 AGE 38 yrs. 4 mos. 16 ds. If LESS than 1 day, _____ hrs. or _____ min.?

9 OCCUPATION
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. L
C Date deceased last worked at this occupation (month and year) L D Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 7, 1940
(Month) (Day) (Year)

19 I hereby certify that deceased was admitted to this institution on L 19, that I last saw him alive on the 6 day of Feb 1940, that he died on the 7 day of Feb 1940, about 2 o'clock A.M. or P.M.

The principal cause of death and related causes of importance were as follows: **DURATION**
Strangulation by Hanging
Suicide Insane

Other contributory causes of importance: _____

10 BIRTHPLACE (State or country) Italy

11 How long in U. S. (if of foreign birth) ? **12 How long resident in City of New York** ?

PARENTS OF DECEASED

13 NAME OF FATHER OF DECEDENT ?

14 BIRTHPLACE OF FATHER (State or country) Italy

15 MAIDEN NAME OF MOTHER OF DECEDENT Catherine Kobel

16 BIRTHPLACE OF MOTHER (State or country) Italy

17 INFORMANT

Name of operation none Date _____

What test confirmed diagnosis? L Was there an autopsy? no

Signature Stewart M. D.

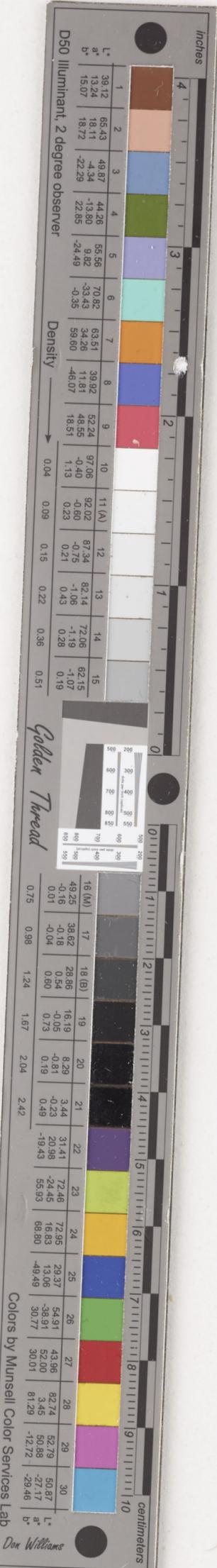
20 Pathologist's Report (See Over)
Richard

Signature _____ M. D.

21 PLACE OF BURIAL Italy **DATE OF BURIAL** ?, 19____

22 UNDERTAKER _____ **ADDRESS** _____

BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK



TO PATHOLOGISTS

To assist the Department of Health in the proper classification of this death by cause, please add to your statement of findings a note concerning any of the clinical diagnoses, which were not confirmed at autopsy.

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 of 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,
Cellulitis,
Childbirth,
Convulsions,

Hemorrhage,
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, without any solicitation on my part or that of any other person, as undertaker herein by..... who is the..... (relationship) and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature).....

Business Address.....

Permit Number (Undertaker's).....

If another undertaker in your employ is to take personal charge of the work in the care, preparation, or other disposition of such dead human body, give his name and State License number.

..... State License No.....

D50 Illuminant, 2 degree observer

Golden Thread

Colors by Munsell Color Services Lab

Don Williams

L*	a*	b*
39.12	13.24	15.07
65.43	18.11	18.72
49.87	-4.34	-22.29
44.26	-13.80	22.85
55.56	9.82	-24.49
70.82	-33.43	-0.35
63.51	34.26	59.60
39.92	11.81	-46.07
52.24	48.55	18.51
97.06	-0.40	1.13
92.02	-0.60	0.23
87.34	-0.75	0.21
82.14	-1.06	0.43
72.06	-1.19	0.28
62.15	-1.07	0.19
49.25	-0.16	0.01
38.62	-0.18	-0.04
28.86	0.54	0.60
16.19	-0.05	0.73
8.29	-0.81	0.19
3.44	-0.23	0.49
31.41	20.98	-19.43
72.46	-24.45	55.93
72.95	16.83	68.80
29.37	13.06	-49.49
54.91	-38.91	30.77
43.96	52.00	30.01
82.74	3.45	81.29
52.79	-12.72	-29.46
50.87	-27.17	50.87

inches

centimeters