

PANAM PACIFIC LINE

S. S. CALIFORNIA



~~PURSER'S DEPT.~~
Medical Dept.,

VOYAGE No. 80

New York.
September 27th, 1937

Dr. J. T. Walsh.
Registrar.
125 Worth Street.
New York City.

Dear Doctor:-

Pursuant to instructions, am herewith enclosing Death Certificate in the case of William MacPherson, deceased, a member of our crew, who died at sea September 16th, 1937, Eastbound from San Francisco to New York.

At request of nearest kin, "Sister Elizabeth" who lives in Southampton, England, deceased was buried at sea September 18th, 1937 at 4 P.M. Cause of death, Coronary Thrombosis.

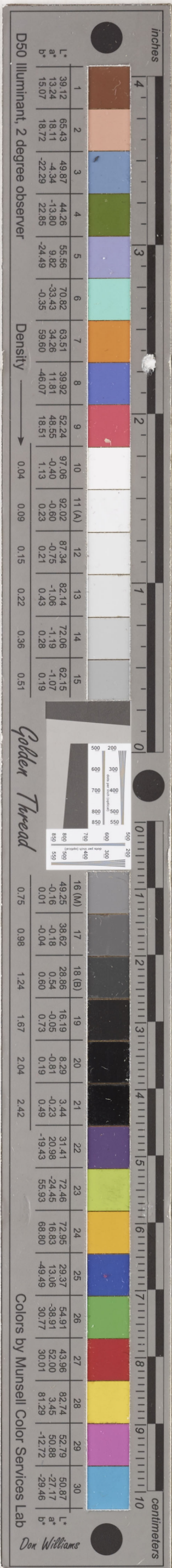
New York City being our first port of call into United States subsequent to death, this certificate is being filed with you.

Hoping this meets with your approval and is in accordance with regulations.

I am

Sincerely yours,

Louis Josephs
Louis Josephs, Surgeon S/S California



1 PLACE OF DEATH

On Board S. S. "California"
BOROUGH OF

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

STANDARD CERTIFICATE OF DEATH

Position Lat. 17-38 North Long. 102-25 West
No. St.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. at Sea (Steamship)

Registered No.

2 FULL NAME William MacPherson

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE
MARRIED, Single
WIDOWED,
OR DIVORCED
(Write the word)

15 DATE OF DEATH

Sept 16th, 1937
(Month) (Day) (Year)

6 DATE OF BIRTH

October 28th, 1988
(Month) (Day) (Year)

7 AGE

48 yrs. 9 mos. 15 ds.

If LESS than
1 day, 3 hrs.
or 25 min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work. Room Steward(b) General nature of Industry, business or establishment in which employed (or employer). Passenger ship(c) No. of years so occupied. 15 years

9 BIRTHPLACE

(State or country) Kilbarrhan, Scotland

(9) How long in U. S. (if of foreign birth)

Since
April 1933
(18 Papers)(9) How long resident in City of New York 1933

PARENTS OF DECEASED

10 NAME OF FATHER

Unable to obtain name

11 BIRTHPLACE OF FATHER (State or country)

Unable to obtain name

12 MAIDEN NAME OF MOTHER

Unable to obtain name

13 BIRTHPLACE OF MOTHER (State or country)

Unable to obtain name

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

Former or usual Residence

550 West 20th St.
New York City

FILED

17 PLACE OF BURIAL

at sea
Lat. 10-35 North Long. 88-05 West

18 UNDERTAKER

Embalming not done

DATE OF BURIAL

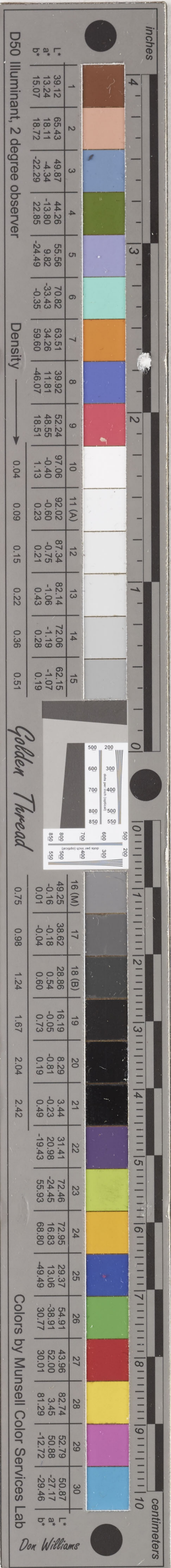
Sept 18th, 1937

ADDRESS

Signature James J. [Signature] M. D.* Address S.S. "California" 9 Pan. Pac. line.

* Home address of Doctor - 174 No. Rycamore Ave Los Angeles, Calif.

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, 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,
Pyaemia,
Septicaemia,
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 _____

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