

## 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*, *Composer*, *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.....

of.....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).....

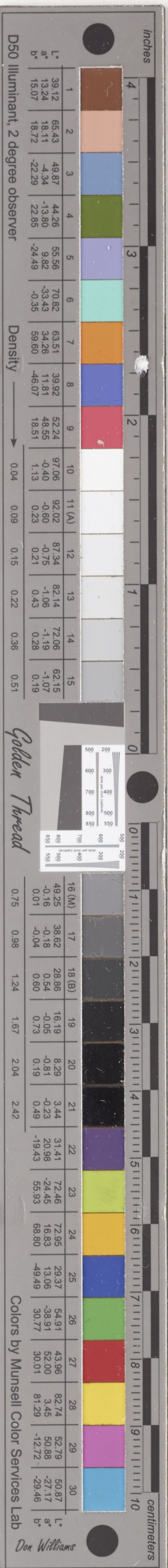
Business Address.....

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. ....





25-2609-36-Bu  
15 H 60

BORO-DEATH

INSTITUTION

BORO-RESID.

AREA-DISTRICT

SEX

COLOR

CIVIL. COND.

AGE

OCCUPATION

DECEASED

NATIVITY

MOTHER

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCID.

O. T. ACCID.

ATT. AUTOP.

BUREAU OF RECORDS  
DEPARTMENT OF HEALTH  
BOROUGH OF MANHATTAN

1941 FEB 3 PM 2 29

1 PLACE OF DEATH

BOROUGH OF

Name of Institution s/s "BRAZIL"

2 PRINT FULL NAME

FRANK

First Name

S.

Middle Name

BARKS

Last Name

3 Residence (usual place of abode)

(If nonresident, give place and State)

275 Union Blvd.,  
St. Louis, Mo.

Moore-McCormack Lines Inc.

Pier 32 North River, New York City.

Certificate No. 161

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

Male

5 COLOR OR RACE

White

6 SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Single

6A WIFE  
HUSBAND } OF

7 DATE OF BIRTH  
OF DECEDENT

July  
(Month)

7  
(Day)

1882  
(Year)

8 AGE

58 yrs. 6 mos. 20 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.

Engineer

B Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.

Lubrication

C Date deceased last worked at  
this occupation (month  
and year) November 1940

D Total time (years)  
spent in this  
occupation 25

10 BIRTHPLACE  
(State or country)

Grand Island, Nebr.

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

12 How long resi-  
dent in City  
of New York

PARENTS OF DECEASED

13 NAME OF  
FATHER  
OF DECEDENT

Unknown

14 BIRTHPLACE  
OF FATHER  
(State or country)

Unknown

15 MAIDEN NAME  
OF MOTHER  
OF DECEDENT

Unknown

16 BIRTHPLACE  
OF MOTHER  
(State or country)

Unknown

17 INFORMANT

Doctor Thomas C. Birdsall

21 PLACE OF BURIAL

ST LOUIS MO  
CORNER 105 SULLIVAN FUNERAL HOME

22 UNDERTAKER

Joseph R. Black

BUREAU OF RECORDS # 1948

DEPARTMENT OF HEALTH

CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January  
(Month)

27  
(Day)

1941  
(Year)

19 I hereby certify that deceased was admitted to this  
institution on 22nd January 19 41, that I last  
saw h. in alive on the 27th day of January

19 41, that he died on the 27th day of  
January 19 41, about 4 o'clock AM or P.M.

The principal cause of death and related causes of importance were as follows:

DURATION

CEREBRAL HEMORRHAGE

20 days

Other contributory causes of importance:

Pneumonia

4 days

Name of operation

Date

What test confirmed diagnosis?

Was there an autopsy? NO

Signature

M. D.

20 Pathologist's Report (See Over)

Signature

M. D.

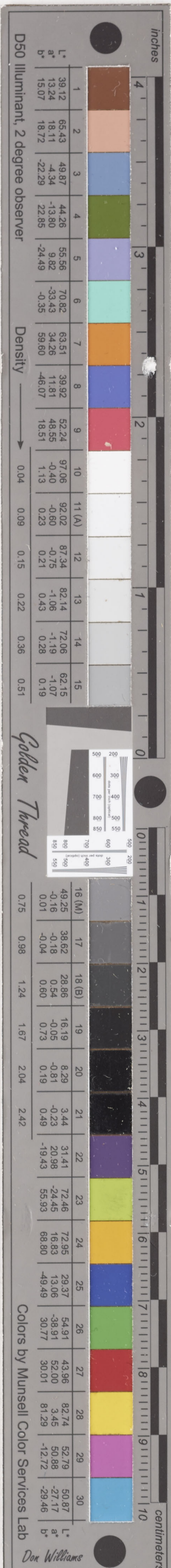
DATE OF BURIAL

FEB 11 1941

ADDRESS

185 WILLOW AVE  
BROOKLYN NYC





## 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

ORDER NO. 2951  
DATE 3-25-1918  
NUMBER ISSUED 1  
SEARCHED  
PHOTO. OP.

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- |              |             |              |              |
|--------------|-------------|--------------|--------------|
| 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.)

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I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker herein by.....

of.....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.

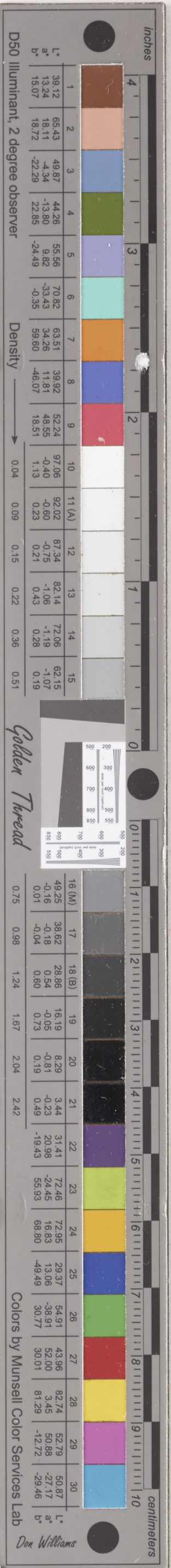
(Signature).....

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.....





25-2609-36-Bu  
15 H 60

BORO-DEATH
INSTITUTION
BORO-RESID.
AREA-DISTRICT
SEX
COLOR
CIVIL. COND.
AGE
OCCUPATION
NATIVITY
DECEASED
MOTHER
CAUSE 1
CAUSE 2
OPERATION
TYPE ACCID.
O. T. ACCID.
ATT. AUTOP.

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

BUREAU OF RECORDS  
DEPARTMENT OF HEALTH  
BOROUGH OF MANHATTAN

# CERTIFICATE OF DEATH

1941 FEB 3 PM 2 28

Certificate No. 161

1 PLACE OF DEATH

BOROUGH OF \_\_\_\_\_

Name of Institution s/s "BRAZIL" Address Moore-McCormack Lines Inc.,  
Pier 32 North River, New York City.

2 PRINT FULL NAME FRANK S BARKS  
First Name Middle Name Last Name

3 Residence (usual place of abode) 275 Union Blvd., Ave. St. Louis, Mo. St. Borough of  
(If nonresident, give place and State) No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX <u>Male</u>	5 COLOR OR RACE <u>White</u>	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A WIFE } HUSBAND } OF _____		
7 DATE OF BIRTH OF DECEDENT <u>July</u> <u>7</u> <u>1882</u> (Month) (Day) (Year)		
8 AGE <u>58</u> yrs. <u>6</u> mos. <u>20</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		
9 OCCUPATION A Trade, profession, or particular kind of work done, as <u>spinner, Engineer</u> <u>sawyer, bookkeeper, etc.</u> B Industry or business in which work was done, as <u>silk mill, Lubrication</u> <u>sawmill, bank, etc.</u> C Date deceased last worked at this occupation (month and year) <u>November 1940</u> D Total time (years) spent in this occupation <u>25</u>		
10 BIRTHPLACE (State or country) <u>Grand Island, Nebr.</u>		
11 How long in U. S. (if of foreign birth) _____ 12 How long resident in City of New York _____		
PARENTS OF DECEDENT	13 NAME OF FATHER OF DECEDENT <u>Unknown</u>	
	14 BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>	
	15 MAIDEN NAME OF MOTHER OF DECEDENT <u>Unknown</u>	
	16 BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>	
17 INFORMANT <u>Doctor Thomas C. Birdsall</u>		
21 PLACE OF BURIAL <u>ST. LOUIS, MO.</u>		
22 UNDERTAKER <u>CORNETIOS SULLIVAN FUNERAL HOME</u> <u>Joseph A. Black Inc.</u> <u>#1948</u>		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 27, 19 41  
(Month) (Day) (Year)

19 I hereby certify that deceased was admitted to this institution on 22nd. January 1941, that I last saw him alive on the 27 day of January 1941, that he died on the 27th. day of January 1941, about 4 o'clock AM or P.M.

The principal cause of death and related causes of importance were as follows: DURATION

<u>CEREBRAL HEMORRHAGE</u>	<u>20 days</u>
<u>PNEUMONIA</u>	<u>4 days</u>

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

Signature \_\_\_\_\_ M. D.

20 Pathologist's Report (See Over)

Signature \_\_\_\_\_ M. D.

DATE OF BURIAL FEB 4 1941, 19 \_\_\_\_\_

ADDRESS 7850 WILKINSON BLVD  
BROOKLYN N. Y.

CITY OF NEW YORK

BUREAU OF RECORDS DEPARTMENT OF HEALTH