

UNITED STATES LINES

45 BROADWAY

NEW YORK

IN REPLY REFER TO

June 19, 1925

N-1-HMA



New York Department of Health
Registrar of Vital Statistics.
505 Pearl St.
New York N.Y.

SS Leviathan Death of Frantichek Trnka
3rd class passenger. At Sea. May 26, 1925
Our Ref. 2501.

SS Leviathan Birth of John Leviathan
Kubina 3rd class passenger. May 28th
1925. Our Ref. 2502.

Gentlemen;

Attached hereto you will find Death and Birth Certificates covering the above captions for entry on your records.

Trnks was buried at sea at midnight May 26th at the request of his wife who accompanied him.

Miss Kubina was accompanied by her mother and we understand that she was returning to the old country to take up a permanent residence.

Yours very truly,

UNITED STATES LINES

H.M. Anderson
H.M. ANDERSON
CLAIM AGENT

CVR



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,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
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*, *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 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.....

121a



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. *SS. "Leviathan" (East End)* St. *2507*Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. *Passenger ship - U.S. Lines*

Registered No.

2 FULL NAME *Frankisck Tomka*3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)15 DATE OF DEATH *May 24*, 19*25*
(Month) (Day) (Year)6 DATE OF BIRTH *October 10*, 1*849*
(Month) (Day) (Year)7 AGE *75* yrs. *7* mos. *16* ds. or *16* min.?
If LESS than 1 day, hrs.8 OCCUPATION *None*
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE *Announ - Czech. Slovakia.*
(State or country)(9) How long in U. S. (if of foreign birth) *10 years* (9) How long resident in City of New York *10 years*PARENTS OF DECEASED
10 NAME OF FATHER *Uncertained.*
11 BIRTHPLACE OF FATHER (State or country) *Uncertained.*
12 MAIDEN NAME OF MOTHER *Uncertained.*
13 BIRTHPLACE OF MOTHER (State or country) *Uncertained.*

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

Former or Usual Residence } *Astoria - Long Island - N.Y. City*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 *May 23*, 19*25* to *May 24*, 19*25*, that I last saw him alive on the *24* day of *May*, 19*25*, that death occurred on the date stated above at *11 A.M.*, and that the cause of death was as follows:*General senile debility*

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

Contributory (Secondary) *Senility*

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

Witness my hand this *24* day of *May*, 19*25*Signature *Frederick C. Swinday*, M. D.Address *SS. "Leviathan"; U.S. Lines.*

FILED

17 PLACE OF BURIAL

DATE OF BURIAL

192.....

18 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED