

1 PLACE OF DEATH

BOROUGH OF Brooklyn

No. 270 Van Brunt St.

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

2 FULL NAME Patrick Graham

Registered No. 12731

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

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, Married, MARRIED, WIDOWED OR DIVORCED (Write the Word)

6 DATE OF BIRTH 1845 (Month) (Day) (Year)

7 AGE 73 yrs. 0 mos. 0 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work junk-dealer. (b) General nature of industry, business or establishment in which employed (as employer)

9 BIRTHPLACE (State or country) Ireland

(A) How long in U. S. (if of foreign birth) 55 yrs. (B) How long resident in City of New York 55 yrs.

10 NAME OF FATHER Patrick Graham

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catharine Martin

13 BIRTHPLACE OF MOTHER (State or country) Ireland

15 DATE OF DEATH June 2nd, 1918 (Month) (Day) (Year)

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 1st, 1918, to June 2nd, 1918, that I last saw him alive on the 1st day of June, 1918, that death occurred on the date stated above at 1:30 A.M., and that the cause of death was as follows:

Cardiac Syncope  
duration..... yrs..... mos..... ds.

Contributory (Secondary)  
Chronic Interstitial Nephritis  
duration..... yrs..... mos..... ds.

Witness my hand this 2nd day of June 1918

Signature William J. Bauman M. D.

Address 120 DeKalb St.

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

Former or usual residence )

FILED

17 PLACE OF BURIAL Holy Cross Cemetery DATE OF BURIAL June 4th 1918

18 UNDERTAKER Henry J. Flood ADDRESS 297 Van Brunt St.

NO RETURN REQUIRED UNLESS OTHERWISE SPECIFIED BY THE BUREAU OF RECORDS

## 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 **suddenly while in apparent health**, or when **unattended by a physician or in prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Haemorrhage,	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 Coroner. 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 Ellen Graham  
(NAME)  
the wife of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)  
for the burial or cremation of the remains of deceased. Patience Graham

Signature Henry J. Ward