

[Form 85]

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

11996

CERTIFICATE OF DEATH.

1.-Full Name,\* Mary Sheehan

2.-Age, 1 years, 1 months, 11 days.

3.-Sex, Female. 4.-White, Colored.\*

5.-Single, Married, Widow, Widower.\*

6.-Birthplace, Brooklyn

7.-Occupation, \_\_\_\_\_

8.-If of foreign birth, how long in the U. S. \_\_\_\_\_ years.

9.-How long resident in City, life years

10.-Father's Birthplace,\* U. S.

11.-Mother's Birthplace,\* U. S.

12.-Place of Death,\* No. 158 Ingham St Brooklyn, Ward 12

13.-Number of Families in House, 3

14.-On what Floor, 3

I HEREBY CERTIFY that I attended the deceased from July 18th 1893, to \_\_\_\_\_ 1893, that I last saw her alive on the 18th day of July 1893; that she died on the 18th day of July 1893, about 9-30 o'clock A. or P. M., and that the following was the

Cause of Death,\*

- I. Enterocolitis
- II. Convulsions

Time from attack till death,

2 days

15.-Certificate delivered to Father at 9 M., July 19th 1893.

16.-Signed by J. J. Hogan M. D., Medical Attendant.

17.-Address, No. 197 Nassau Street or Avenue.

See other side for explanations and directions.

17.—Place of Burial, Holy Cross Cemetery.  
18.—Date of Burial, July 20<sup>th</sup> 1893  
19.—Undertaker, Gold & Hart 49-61

In case of contagious diseases, ..... A. M. n:  
Place of Business, 496 Broadway

11996

\*Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.

3, 4, 5, 15.—Draw a line through the *words not required* on these lines.

6, 10, 11.—Insert name of State or County.

12.—If in a *Public Institution* please state its name and erase line 13.

16.—I. Name the *Organic*. Principal, or most influential Disease or Injury. If an autopsy was made please so state,

II. Name any complication, remote cause, important event (as Operation, in Surgical Cases,) or the manner of Dying (Asphyxia, Asthenia, Syncope, etc.) or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal origin, this should be stated.

CONTAGIOUS DISEASES.—Small Pox, Scarlet Fever, Diphtheria, Measles, Yellow Fever, Cholera.

**Note to Undertakers.**—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tight sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; and that the remains be conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, 38 & 40 Clinton Street.

Hours from 9 to 4. Saturdays, Sundays and Holidays, 9 to 12.