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| 母觀 | MAA Departine | nt of Health of The City of New York |
| LE TA | RUGH OF M.Y.V.S. COLLEGE PARTY OF | BUREAU OF RECORDS |
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| form | N N N N N DIVORCED | JULY 23, 191 B |
| Cases A | ALL (Write the word) | (Month) (Day) (Year) |
| ners a | SOF BIRTH | 16 I hereby certify that the foregoing partic- |
| daty | 1/861 | ulars (Nos. 1 to 14 inclusive) are correct as near |
| oresai | (Month) (Day) (Year) | as the same can be ascertained, and I further |
| C.14 (C.14) | If LESS than | certify that I attended the deceased from |
| ment | 1 day, hrs. | |
| €0 8E | 4 byra mea da or min.? | x12-73 1913 to July 23 191 |
| me si | SPATION O | that I last saw alindon the day of |
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| 113 | (State or country) - when | Witness my hand this 2 day of 181. |
| L | Mis deaths of non-residents and recent residents. | Alcon S |
| | The state of the s | Signature William Monisvani M. D. |
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New York, N.Y. 10007

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Srian G. Andersson

Commissioner, Department of Records

Leondra A. Gidlund

Director, Municipal Archives