

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH 14758

No. 1209-8 Ave. St.

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

Tenement

Registered No.

14758

2 FULL NAME

Thomas F. Lewis

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

15 DATE OF DEATH

August 1, 1924  
(Month) (Day) (Year)

6 DATE OF BIRTH

March 26, 1858  
(Month) (Day) (Year)

7 AGE

66 yrs. 4 mos. 6 ds.  
If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Operator

(b) General nature of industry, business or establishment in which employed (or employer)

Real Estate

9 BIRTHPLACE (State or country)

Brooklyn NY

(A) How long in U. S. (if of foreign birth)

(B) How long resident in City of New York

Life

10 NAME OF FATHER

FATHER

Henry Lewis

11 BIRTHPLACE OF FATHER (State or country)

England

12 MAIDEN NAME OF MOTHER

Anna Roach

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

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

Former or usual Residence

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 July 21 1924 to Aug 1 1924, that I last saw him alive on the 1 day of August 1924, that death occurred on the date stated above at 8:30 P.M., and that the cause of death was as follows:

Carcinoma of Prostate

duration 2 yrs. mos. ds.

Contributory (Secondary)

Chronic Myocarditis

duration yrs. mos. ds.

Witness my hand this 2 day of Aug 1924

Signature Harold K. Bell M. D.

Address 857 President St. Bklyn NY

FILED

AUG 3 A.M.

17 PLACE OF BURIAL

Greenwood Cemetery August 4, 1924

18 UNDERTAKER

Henry J. Ford Van Buren St

DATE OF BURIAL

ADDRESS

837

NO MUTILATED CERTIFICATE WILL BE RECEIVED

## 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, ch. 284, & 2. In effect Jan. 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,	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 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, 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 Catherine Lewis  
(NAME)  
 the wife of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)  
 for the burial or cremation of the remains of deceased Thomas F Lewis

Signature Henry J. Hood

PERMISSION IS HEREBY GIVEN  
 TO REMOVE BODY TO  
 BURIAL OR CREMATION



NO. OF TRANSCRIPTS MADE  
 SEARCHED BY

TRANSCRIBED BY

837