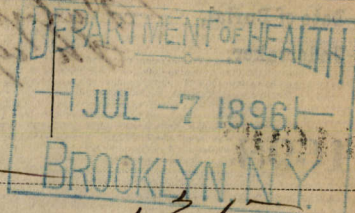


DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

CERTIFICATE OF DEATH.

11698



1.-Full Name,* Annie Lewis

2.-Age, 38 years, _____ months, _____ days.

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

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

6.-Birthplace, Pr

7.-Occupation, _____

8.-If of foreign birth, how long in the U. S. 35 years.

9.-How long resident in City, 30 years.

10.-Father's Birthplace,* Pr

11.-Mother's Birthplace,* Pr

12.-Place of Death,* No. 84 Waleath Brooklyn, Ward 17

13.-Number of Families in House, 2

14.-On what Floor, 2

15.-I HEREBY CERTIFY that I attended the deceased from May 14 1896, to July 5 1896,

that I last saw he alive on the 5 day of July 1896; that s he died on the

5 day of July 1896, about 9:30 o'clock A.M. or P.M., and that the following was the

16.-Cause of Death,*

I. <u>Acute Phthisis</u>	Time from attack till death, <u>3 mos</u>
II. <u>Asthma - Heart failure</u>	-

This Certificate delivered to _____ at _____ M., _____ 1896.

Signed by Geo W Cushing M. D., _____ No. 331 Schenck Street or Avenue.

* See other side for explanations and directions. Address. 331 Schenck

CERTIFICATE OF DEATH

17.—Place of Burial,

Green Wood Cemetery.

18.—Date of Burial,

July 4, 1911

19.—Undertaker,

Sh. W. H. S. Strodel

In case of contagious diseases, A. M. or P.

Place of Business, 384 W. 34th St.

11698

*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; there 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.