

The special attention of Physicians is respectfully invited to the remarks below, and to the list of Diseases upon the back of this certificate.

The Board of the Health Department of the City of New York has made the following order: 140219

"All permits for the removal of the body of any deceased person from the City of New York for interment, and all Burial Permits, and Permits for the interment of the remains of deceased persons in the City of New York, shall be granted and signed by the Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF RECORDS OF VITAL STATISTICS, within 36 HOURS after said person's death. [Sec. 150 of Sanitary Code.]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All physicians practising in New York City (including those in public institutions) are required to register their names in the Bureau of R. of V. Statistics. (Sec. 5 of Sanitary Code.)

CERTIFICATE OF DEATH.

140219

1. Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give parents' names. Anna Stearns
 2. Age, 2 years, 3 months, 11 days. Color, white
 3. Single, ~~Married~~, ~~Widow~~ or ~~Widower~~. (Cross out the words not required in this line.) 4. Occupation, none
 5. Birthplace, (State or Country) New York City (How long in the United States, if of foreign birth)
 6. How long resident in this City, 2 Years, 5 months, 11 days
 7. Father's Birthplace, (State or Country) Ireland
 8. Mother's Birthplace, (State or Country) do -
 9. Place of Death, No. No. 35 Locust Street, 14th Ward.
 10. If a Dwelling, by how many families, living separately, occupied, 9.
 11. I Hereby Certify, that I attended deceased from Feb 7, 1873 to Feb 6, 1873 that I last saw her alive on the 6th day of Feb, 1873, that she died on the 6th day of Feb, 1873, about 6 o'clock, A.M. at Part, and that the Cause of her death was:

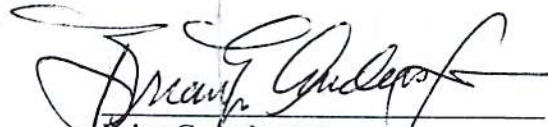
Time from Attack till Death:
 (Write opposite each cause—if unknown it should be so stated.)

FIRST, (PRIMARY,) Meningitis About 3 weeks
 SECOND, (IMMEDIATE,) do - I attended her but one week
 All the above information should be furnished by the Physician.
 Place of Burial, Calvary Cemetery
 Date of Burial, Feb 9th 1873
 Undertaker, Wm J. Hart
 Place of Business, No 59 Prince
 Signed by Cyrus Walker, M.D. Medical Attendant
Stationers, 170 Spring St.

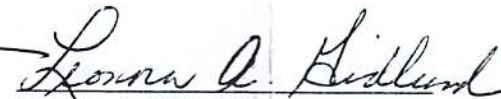
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES
MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 10007

This exact copy of a _____ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



Brian G. Andersson
Commissioner, Department of Records



Leonora A. Gidlund
Director, Municipal Archives