

[Form 85.]

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

CERTIFICATE OF DEATH.

11698

Full Name, \* *Annice Lewis*

Age, *5-8* years, months, days

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

Single, Married, Widow, Widower &

Birthplace, *Pa*

7.-Occupation,

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

9.-How long resident in City, *35* years.

Father's Birthplace, \* *Pa*

11.-Mother's Birthplace, \* *Pa*

Place of Death, \* No. *84 Welcott* Brooklyn, Ward *17*

Number of Families in House, *2*

14.-On what Floor, *1st*

I HEREBY CERTIFY that I attended the deceased from *May 14* 1896, to *July 5* 1896,

that I last saw him *alive* on the *5* day of *July* 1896; that 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

Cause of Death, \* *Cerebral Phlebitis* Time from attack till death, *5 mins*

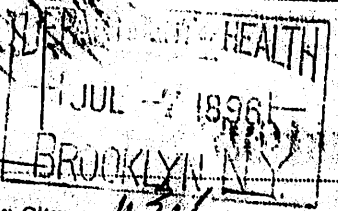
i. *Cerebral Phlebitis*

ii. *Cerebral - Heart failure*

Certificate delivered to: *Geo W Cushing* at *11:30* M., 189*6*

by *Geo W Cushing* M. D., No. *321 Johnson* Street or Avenue, Address.

Other side for explanations and directions.



11698

CERTIFICATE OF DEATH

17.—Place of Burial, Green Woods Cemetery

18.—Date of Burial, July 4, 1902

19.—Undertaker, The United States

In case of contagious diseases, A. M.

Place of Business, 384 West 23rd

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 18.

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 (as Asthenia, Syncope, etc.) or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was *Pe* 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; 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 sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; and that the remains conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having 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.