

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

HEALTH DEPARTMENT OF THE CITY OF NEW YORK

Has made the following Order:

- 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 Disinterment of the dead 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 Vital Statistics, within 36 HOURS after said person's death. (Sec. 164 of Sanitary Code.)
- NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
- Physicians practicing in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics. (Sec. 3 of Sanit. Code.)

CITY OF NEW YORK. STATE OF NEW YORK. 586313
CERTIFICATE OF DEATH, 586313
 IN THE CITY OF NEW YORK. 7643

1. Full Name of Deceased, Write full name and spell correctly. If an infant not named, give parents' names. Zilphia Estelle Bailey

2. Age, 84 years, 10 months, 23 days. Color (Race, if other than the white.) White

3. Single, ~~Married~~, Widow or Widower (Cross out the words not required in last line.) 4. Occupation, _____

5. Birthplace (State or Country.) New York (How long in the United States, if of foreign birth.)

6. How long Resident in this City, Twenty years

7. Father's Birthplace, New York Father's Name, John C. Bailey

8. Mother's Birthplace, " Mother's Name, Ann C. Bailey

9. Place of Death, (If an institution, please state the name.) No. 147 of 216 Street 44 Ward 9

10. If a Dwelling, by how many families, living separately, occupied, one Floor 3rd

11. I Hereby Certify, that I attended deceased from April 1886 to Dec. 23rd 1886 that I last saw her alive on the 22nd day of Dec. 1886, that she died on the 23rd day of Dec. 1886, about 6 o'clock, A.M. of 1886 and that, to the best of my knowledge and belief, the Cause of her death was as hereunder written:

| | | | | | | |
|------------------------------|--|------------------------|--------|------|-------|--|
| Chief and Determining | <u>Valvular Cardiac Disease of the Heart</u> | Duration of Disease in | | | | The duration of each disease, when given, is reckoned from its commencement until death. |
| | | Years | Months | Days | Hours | |
| Consecutive and Contributing | <u>2</u> | | | | | |

Sanitary observations, _____

Witness my hand this 23rd day of Dec. 1886 (Signature) [Signature] M.D.,

Place of Burial, Woodlawn

Date of Burial, Dec 25 1886 Residence, 117 W 46 St

Name of Undertaker Frederick Hook 710-5th

Room for granting Burial Permits, No. 48. Hours from 7 A.M. to 6 P.M. on week days; from 8 A.M. to 5 P.M. on Sundays.

* By 1st floor is meant, the floor immediately above or on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.

† To examine the list of diseases printed on the back of this certificate.

Law regulating Coroners' Inquests in the County of New York, Chapter 462, Laws of 1871.

Section 1.—Hereafter, when in the City and County of New York, any person shall die from criminal violence, or by a casualty, or suddenly, when in apparent health, or succumb to a disease, or in prison, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall view the body of such person externally, or make an autopsy thereon, as may be required (preparatory to an inquest).

Section 2.—The Superintendent of Vital Statistics cautions all persons against accepting or using this Certificate for any purpose except that of delivering it for a Burial Permit Registration. In case of the issuance of a duplicate Certificate, the word "Duplicate" should be written across it.