

...any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, within 36 HOURS after said person's death. (See Sec. 150 of Sanitary Code.)
 Time from Attack till Death opposite EACH CAUSE. If unknown, it should be so stated.
 REMOTE, or the COMPLICATING disease should be certified by the Physician when recognized as influencing the death.
 NO PERMIT FOR BURIAL WILL BE GRANTED WITHOUT A CERTIFICATE.

85716

CERTIFICATE OF DEATH.

85716

1. Full Name of the deceased, (Write legibly and spell correctly.) Daniel Bailey

2. Age, 71 years, 2 months, 24 days. Color,

3. ~~Married~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

4. Occupation, Night Watchman

5. Birthplace, Cortlandtown, N.Y. (And how long in the United States if of foreign birth.)

6. How long resident in this City, Twenty years

7. Father's Birthplace, (The State or Country.) State New York

8. Mother's Birthplace, (The State or Country.) State New York

9. Place of Death, No. 456 W 29 St Street, 20th Ward.

10. Number of Families in House, Five

Let them return as specific.

11. I hereby Certify, That I attended deceased from Jan. 10th 1870 to April 22nd 1871
 and I last saw him alive on the 21st day of April 1871, that he died on the
22nd day of April 1871, about 5 1/2 o'clock, and that the Cause of his death was:

12. Cerebral Softening

Time from attack till Death:
16 wks.

13. (Remote, or complicating.)
 All the above information must be furnished by the Physician.

14. Place of Burial, Woodlawn

15. Date of Burial, April 23rd 1871

16. Undertaker, Stephen Merrill

17. Place of Business, 149.8th Ave

Signed by E. J. Gordon, M.D.
 Medical Abundant

Address, 2 E. 33rd St