

1248

# CERTIFICATE OF DEATH.

In the Town (Village) City of Mt Pleasant

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names) William Jerker
2. Age 66 years \_\_\_\_\_ months \_\_\_\_\_ days. Sex M Color (Race, if other than the White) \_\_\_\_\_
3. ~~Single~~, Married, ~~Widowed~~ (Cross out words not required in this line.) 4. Occupation Mason
5. Birthplace (and State or Country) N.Y. State (How long in the United States, if of foreign birth) \_\_\_\_\_
6. Father's Name and Birthplace \_\_\_\_\_ (State or Country) N.Y.
7. Mother's Name and Birthplace Unknown (State or Country) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) East View (How long res-ident here.) \_\_\_\_\_ (If dying away from Home, give Home Residence below)
9. Date and Hour of Death:—Died on the 3rd day of May 1897, at about \_\_\_\_\_ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.  
(Signature and residence of Reporter) A. R. Lyman, M.D.

11. I **Hereby Certify**, That I attended the deceased from \_\_\_\_\_ 189 , to \_\_\_\_\_ 189 , that I last saw h \_\_\_\_\_ 189 that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 189 , about \_\_\_\_\_ o'clock \_\_\_\_\_ M., and that to the best of my knowledge and belief the Cause of h \_\_\_\_\_ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
	Years,	Months,	Days,	or Hours.†	
Chief and Determining } <u>Cardiac Failure</u>					† The duration of each Disease, when given, is reckoned from its commencement until death.
Consecutive and } _____					
Contributing } _____					

\* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.  
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 3<sup>rd</sup> day of May 1897  
 No. of Burial Permit 925, 6. (Signature,) C. A. Miles, Coroner, M.D.  
 Place of Burial East View  
 Date of Burial \_\_\_\_\_ Residence, Yonkers  
 Name and Residence of Undertaker \_\_\_\_\_

Secretary of Health.