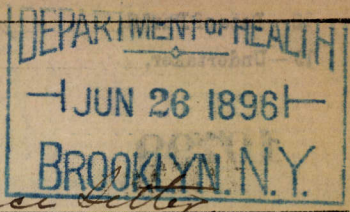


(7)
10799

CERTIFICATE OF DEATH.

1.—Full Name,* Rathanel George Yerkes
 2.—Age, 71 years, 10 months, 14 days.
 3.—Sex, Male, ~~Female~~* 4.—White, ~~Colored~~*
 5.—Single, Married, ~~Widow~~, ~~Widower~~*
 6.—Birthplace, U.S. 7.—Occupation, Furnace tiler.



8.—If of foreign birth, how long in the U. S. _____ years. 9.—How long resident in City, Life years.
 10.—Father's Birthplace,* U.S. 11.—Mother's Birthplace,* U.S.

12.—Place of Death,* No. 1138 Flushing Ave Brooklyn, Ward 27th
 13.—Number of Families in House, 4 14.—On what Floor, 2^d

15.—I HEREBY CERTIFY that I attended the deceased from June 16th 1896, to June 24th 1896,
 that I last saw him alive on the 23^d day of June 1896; that he died on the
24th day of June 1896, about 9:30 o'clock A. M. or P. M., and that the following was the

16.—Cause of Death,* Time from attack till death,
 I. Pneumonia 9 days
 II. Asphyxia

This Certificate delivered to _____ at _____ M., 1896.

Signed by James King M. D., No. 146 McDougall Street or Avenue.
 Medical Attendant. Address.

* See other side for explanations and directions.

17.—Place of Burial, Leipers Hills Cemetery,
18.—Date of Burial, Jan 27 1896
19.—Undertaker, G. W. G. Engert

In case of contagious diseases, _____ A. M. or P. I.
Place of Business, 115 Evergreen

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*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 13.

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