

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 RECORDS OF VITAL STATISTICS, within **36 HOURS** after said person's death. [See Sec. 150 of Sanitary Code.]

Write Time from Attack till Death opposite EACH CAUSE. If unknown, it should be so stated.

The REMOTE, or the COMPLICATING disease should be certified by the Physician when recognized as influencing the chief cause of 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. ~~Single~~, 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
11. I Hereby Certify, That I attended deceased from Jan. 10th 1870 to April 22nd 1871 that 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:

FIRST, Cerebral Softening
SECOND, (Remote, or complicating.) _____

Time from attack till Death:
16 wmt.

All the above information must be furnished by the Physician.

Place of Burial, Woodlawn
Date of Burial, April 23rd 1871
Undertaker, Stephen Ferritt
Place of Business, 149.8th Ave

Signed by E. J. Lanter, M. D.
Medical Attendant.

Address, 2 E. 33rd St

Let these returns be specific.

CERTIFICATE OF DEATH.

THE FOLLOWING ADDITIONAL INFORMATION IS REQUESTED IN RELATION TO THE
CAUSES OF DEATH ENUMERATED BELOW.

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| <p>ANEURISM—Mode of Death.</p> <p>CER.-SPIN. MENINGITIS—Variety, whether Epidemic or simply Inflammatory.</p> <p>CHILDBIRTH—Circumstances producing Death.</p> <p>CANCER—Variety and seat.</p> <p>CALCULUS—Mode of Death.</p> <p>DENTITION—Mode of Death.</p> <p>DISEASE OF HEART—Variety. Valves involved.</p> <p>DROPSY—Variety and Cause.</p> <p>ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not.</p> <p>ERYSIPELAS—Seat and Cause.</p> <p>FRACTURES—Cause and Mode of Death.</p> <p>GANGRENE—Seat and Cause.</p> <p>GASTRITIS—Cause.</p> <p>HERNIA—Variety and Mode of Death.</p> <p>INSANITY—Variety and Mode of Death.</p> <p>MISCARRIAGE—Cause and Mode of Death.</p> | <p>MALFORMATION—Variety.</p> <p>METRITIS—Variety and Cause.</p> <p>NECROSIS—Seat. Cause and Mode of Death.</p> <p>OVARIAN TUMOR—Mode of Death.</p> <p>PARALYSIS—Variety and Cause.</p> <p>PERITONITIS—Cause.</p> <p>PHLEBITIS—Cause.</p> <p>PYEMIA—Cause. Nature of Injury, if any.</p> <p>PREMATURE BIRTH—Cause. Foetal Age.</p> <p>PRETERNATURAL BIRTH—Manner of.</p> <p>SYPHILIS—Variety, Chief Location, and Mode of Death.</p> <p>TETANUS—Nature of Injury, if any.</p> <p>ULCER—Nature, Chief Location, and Mode of Death.</p> <p>WOUNDS—Cause, Variety, Seat, and Mode of Death.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Specify every Surg. Operation with fatal result.</p> <p style="text-align: center;">Mention INTEMPERANCE whenever recognized as having produced or complicated the</p> |
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