

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH
- JUN 21 1897 -
BROOKLYN, N.Y.

1—Full Name * *James Yerke*

2—Age *43* years *—* months *—* days.

3—Sex, Male, ~~Female~~ * 4—White, ~~Colored~~ *
White

5—~~Single, Married, Widower~~, Widower. *

6—Birthplace *B US*

7—Occupation *—*

8—If of foreign birth, how long in U. S. *Life* years. 9—How long resident in City *40* years.

10—Father's birthplace* *US* 11—Mother's birthplace* *US*

12—Place of Death, * No. *Kings County Hospital* Brooklyn, Ward *29*

13—Number of families in house *—* 14—On what floor *—*

15—I HEREBY CERTIFY that I attended the deceased from *June 2nd* 1897, to *June 20th* 1897
that I last saw him alive on the *20th* day of *June* 1897; that he died on the
20th day of *June* 1897, about *7:50* o'clock ~~AM~~ or P. M., and that the following was the

16—Cause of Death, * *Septicaemia*
Cystitis.

Time from attack till death.

This Certificate delivered to *undertaker* at *21* M., *June 21st* 1897.

Signed by *J. S. Duryea* M. D. No. *Kings County Hospital* Street *7th Avenue* Address.

Medical Attendant.

* See other side for explanations and directions.

9430

17—Place of Burial

Greenwood Cemetery.

18—Date of Burial

June 23-1897

In cases of contagious diseases..... A. M. or P. M.

19—Undertaker

A Lewis' Son

Place of Business

464 5th St. East A.

* 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.

5, 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, Croup, 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 tightly 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.