

Health Department, City of Brooklyn.

No. 66 COURT STREET.

THE BOARD OF HEALTH OF THE CITY OF BROOKLYN HAS ORDERED:

That no interment or disinterment, or any removal from or in the City of Brooklyn, of the body of any deceased person shall be made without a permit therefor, given by said Board of Health.—Secs. 143, 144 and 147, Sanitary Code.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ACCURATELY FILLED OUT, to the Office of the Board of Health within THIRTY-SIX HOURS after said person's death.—Secs. 152 and 153, Sanitary Code.

No Permit for Burial will be granted without a Certificate filled out as required. Imperfect Certificates will be returned for correction.

The special attention of Physicians is called to the "Nomenclature of the International Statistical Congress," a copy of which is furnished by the Board of Health.

CERTIFICATE OF DEATH.

6295

1. Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give parents' names. *Juliana Barbara Sulon*
2. Age, *1* years, *—* months, *20* days. Color, *White*
3. Single, ~~Married~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.) 4. Occupation, *—*
5. Birthplace, (State or Country.) *Brooklyn* (How long in the United States, if of foreign birth.) *Cincinnati*
6. How long resident in this City, *3*
7. Father's Birthplace, (State or Country.) *Germany*
8. Mother's Birthplace, (State or Country.) *Germany*
9. Place of Death, No. *184 Johnson Avenue* Street, *16th* Ward.
10. Number of Families in House, *four* 11. What Floor, *2*
12. I Hereby Certify, that I attended deceased from *July 20* 1877 to *July 26* 1877 that I last saw her alive on the *26th* day of *July* 1877, that she died on the *26th* day of *July* 1877, about *9¹/₂* o'clock, *A. M.* or *P. M.* and that the Cause of her death was:

(For the use of "First" and "Second" see "Suggestions" on Nomenclature of Causes of Death.)

Time from Attack till Death:

(Write opposite each cause—if unknown it should be so stated.)

First (Primary), *Cholera infantum.*

7 - 8 Days.

Second (Immediate), *—*

All the above information should be furnished by the Physician.

Place of Burial, *Branch of Evergreen*

Date of Burial, *July 27 1877*

Undertaker, *Mrs. Husack*

Place of Business, *133 Montrose Ave.*

Signed by

Gustavus A. Binyard, M. D.,
Medical Attendant.

Address, *96 Ten Eyck St.*

Hours—from 9 A. M. to 4 P. M. on week days; from 9 A. M. to 12 M. on Sundays and Legal Holidays.

Health Department, City of Brooklyn

No. 66 COURT STREET

THE BOARD OF HEALTH OF THE CITY OF BROOKLYN HAS ORDERED:

That no person shall be permitted to keep or maintain a place where food is sold or prepared, unless such place is first inspected and approved by the Board of Health. The person who keeps or maintains such place shall be responsible for the cleanliness and sanitary condition of the same. No person shall be permitted to keep or maintain a place where food is sold or prepared, unless such place is first inspected and approved by the Board of Health. The person who keeps or maintains such place shall be responsible for the cleanliness and sanitary condition of the same.

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REGISTRATION OF DEATHS

1. Name of Deceased
2. Age
3. Sex
4. Race
5. Place of Birth
6. Date of Death
7. Cause of Death
8. Name of Physician
9. Name of Burial Place
10. Name of Registrar

Place of Death
Name of Physician
Name of Burial Place
Name of Registrar

Final Entry
Name of Registrar
Name of Burial Place
Name of Physician
Name of Registrar