

THE CITY OF NEW YORK.  
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate

5094

## CERTIFICATE AND RECORD OF DEATH

*Martha* <sup>OR</sup> *Deckelman*

Sex <i>Female</i>	Color <i>White</i>	Place of Death <i>769 Melrose Br</i>
Age <i>60</i> Yrs. _____ Mos. _____ Days _____	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title <i>Genement</i>	
Single, Married, Widowed or Divorced <i>Married</i>	Father's Name <i>Philip Deckelman</i>	
Occupation <i>House Wife</i>	Father's Birthplace <i>Germany</i>	
Birthplace <i>New York</i>	Mother's Maiden Name <i>Eva Lovander</i>	
How long in U.S. (if of foreign birth) <i>Life</i>	Mother's Birthplace <i>Germany</i>	
How long resident in City of New York <i>Life</i>		

I hereby certify that I attended deceased from *Oct. 8,* 1908, to *Oct. 16,* 1908, that I last saw *her* alive on the *15* day of *Oct.* 1908, that she died on the *16* day of *Oct.* 1908, about *11.35* o'clock A. M., *P. M.*, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:  
*Exhaustion following Hepatic Cancer with Obstructive Jaundice and Biliary Toxicosis*

## SPECIAL INFORMATION

required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or }  
usual residence }How long resident }  
at place of death }

Witness my hand this *16* day of *October* 1908  
 (Signature) *J. J. Williams, Jr.* M. D.  
 (Residence) *228 Hefner St*

NO MUTILATED CERTIFICATE WILL BE RECEIVED

Place of Burial Greenwood  
Date of Burial Oct 18. 1908  
Undertaker Henry Paul  
Place of Business 290 East 157<sup>th</sup> St

N. B.—A certificate of death is a document of great importance. More than 25,000 copies of such certificates are issued annually from this office for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

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## TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 135 and 161).
2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 160).
3. If a person dies from **criminal violence** or by a casualty, or suddenly while in **apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).
4. Certificates **will be returned for additional information** which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hæmorrhage,	Miscarriage,	Tetanus.
Gangrene,	Necrosis,	

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "**Heart failure**," "**Dropsy**," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

## TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is **mutilated, illegible, inaccurate**, or any portion of which has been **erased, interlined, corrected or altered**, as all such changes impair its value as a public record.