

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

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 CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All Physicians practising in Brooklyn (including those in public institutions) are required to register their names in the Office of the Board of Health.

11650

CERTIFICATE OF DEATH.

1. Full Name of Deceased, } Write legibly and
spell correctly, } *Peter Seckelman*
If an infant not named,
give parents' names.
2. Age, *1* years, *8* months, *14* 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.) *U. S.* (How long in the United States, if of foreign birth.) *life time*
6. How long resident in this City, *life time*
7. Father's Birthplace, (State or Country.) } *Germany*
8. Mother's Birthplace, (State or Country.) }
9. Place of Death, No. *269* *Devois* Street, *18* Ward.
10. Number of Families in House, *5* 11. What floor, *1st*
12. I Hereby Certify, that I attended deceased from *6* *December* 187*6* to *11* *December* 187*6*
that I last saw him alive on the *11* day of *December* 187*6*, that he died on the
11 day of *December* 187*6*, about *7* o'clock, *A. M.* or *P. M.* and that the Cause of
his 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), *Neuro-Pneumonia*

Second (Immediate), *Convulsiones*

6 Days

All the above information should be furnished by the Physician.

Place of Burial, *Branch of Evergreen Cem.*

Date of Burial, *December 13th 1876*

{ Undertaker, *Leonard. Ruoff.*

{ Place of Business, *246. Devoe Street.*

Signed by

H. A. Hoff, M. D.,

Medical Attendant.

Address, *162 McMillen 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.

