

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.]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

128480

CERTIFICATE OF DEATH.

Write legibly and
spell correctly.
If an infant not named,
give parents' name.

Henry Dickelmann

1. Full Name of the Deceased,

2. Age, 21 years, months, days. Color, White

3. Single, Married, ~~Widow or Widower~~ (Cross out the words not required in this line.)

4. Occupation, Butcher

5. Birthplace, Germany (How long in the United States, if of foreign birth.) 3 years

6. How long resident in this City, 3 years

7. Father's Birthplace, (The State or Country.) Germany

8. Mother's Birthplace, (The State or Country.) do

9. Place of Death, No. German Hospital 27th Street, 19th Ward.

10. Number of Families in House, living separately,

11. I Hereby Certify, that I attended deceased from August 19th 1872 to August 20th 1872

that I last saw him alive on the 20th day of August 1872, that he died on the 3rd day of August 1872, about 7 o'clock, A.M. or P.M., and that the Cause of his death was :

Time from Attack till Death :

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

FIRST, (PRIMARY,) Typhus abdominalis

3 weeks

SECOND, (IMMEDIATE,)

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, September 1

Undertaker, Charles Lucas.

Place of Business, 1492 3rd Ave.

Signed by

J. B. Tyndall, M.D.,
Medical Attendant.

Address, German Hospital

Rooms for granting Burial Permits, Nos. 48 and 51. Hours from 7 A.M. to 9 P.M. on week days; from 9 A.M. to 6 P.M. on Sundays.

Please examine the list of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH

The attention of Physicians is earnestly invited to the following list of diseases, in reference to which the particulars specified are essential to the proper classification of causes of death, and consequently to the accuracy and usefulness of our statistics of mortality. It is respectfully suggested that a negative statement is often as important as a positive one—for instance: "ABORTION—At two months;" "METRITIS—No cause discoverable." "CANCER OF STOMACH—Not hereditary, as far as known." "ERYSIPELAS OF HEAD—Not of traumatic origin." "GANGRENE OF LEG—No definite cause." "METRITIS—Not puerperal." "SMALL POX—Patient never vaccinated." "OVARIAN TUMOR—No operation," &c.

ABCESS—Location and Cause, if any.
 ANEURISM—Vessel involved and Mode of Death.
 ABORTION AND MISCARRIAGE—Cause and Mode of Death, and period of gestation.
 CER-SPIN. MENINGITIS—Variety, whether probably Zymotic, (Cer. Spin. Fever,) or a simple idiopathic inflammation.
 CHILDBIRTH—Circumstances producing Death.
 CANCER—Variety and seat; whether hereditary or not.
 CALCULUS—Mode of Death; whether after operation, and if so, what one?
 CARBUNCLE—Location.
 CONGESTIVE FEVER—Variety.
 CONTINUED FEVER—Whether simple Cont. Fever or other variety.
 DENTITION—Mode of Death or other cause.
 DISEASE OF HEART—Variety. Valves involved, if any.
 DROPSY—Variety and Cause.
 ENTERITIS AND GASTRO ENTERITIS—Cause, if any. Whether Diarrhœal or not.
 ERYSIPELAS—Seat and Cause. If traumatic how produced.
 FRACTURES—Cause and Mode of Death. (State nature of accident, &c., clearly.)
 GANGRENE—Seat and Cause.
 GASTRIC FEVER—Whether Remittent, Typhoid, &c., or simple Gastritis.
 GASTRITIS—Cause.
 HERNIA—Variety and Mode of Death. Whether any Operation.
 INSANITY—Variety and Mode of Death.
 INTERMITTENT FEVER—Variety.
 JAUNDICE—Cause.
 MALIGNANT PUSTULE—Location and Cause. Whether probably dependent on contagion or not.

MALFORMATION—Variety.
 METRITIS—Variety and Cause, (whether Puerperal.)
 NECROSIS AND CRIES—Seat. Original Cause and Mode of Death.
 OVARIAN TUMOR—Mode of Death. Whether Operation.
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause and Variety. Whether simple, traumatic, puerperal, &c.
 PHLEBITIS—Cause.
 PYÆMIA—Cause. Nature of antecedent injury, if any, and how produced.
 PREMATURE BIRTH—Probable Cause. Fœtal Age.
 PRETERNATURAL BIRTH—Manner of.
 SMALL POX—How often and when patient Vaccinated.
 SYPHILIS—Variety, Chief Location and Mode of Death.
 TETANUS—Whether Idiopathic or Traumatic. Nature of antecedent injury, if any, and how produced.
 TUMOR—Location, Variety and Mode of Death. Whether operation.
 ULCERS—Nature, Chief Location and Mode of Death.
 URÆMIA—Cause or Coincident Affection. Whether Puerperal.
 WOUNDS—Cause, Variety, Seat and Mode of Death.

Particularize any *Accident or other violent cause* leading to death, and *character of injury*.

Specify every *Surg. Operation* with fatal result, and state the disease which necessitated it

Mention **INTEMPERANCE** whenever recognized as having produced or complicated the direct cause of death. Give as many particulars as possible in instances of rare diseases, such as Hydrophobia, Glanders, &c.