

THE CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate,

CERTIFICATE AND RECORD OF DEATH

5877

Sylvester, Lake

Sex <i>male</i>	Color <i>white</i>	Place of Death <i>594 St Mary's St.</i>
Age <i>81</i> Yrs. <i>6</i> Mos. <i>20</i> Days	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title <i>Tenement</i>	
Single, Married, Widowed or Divorced <i>Widowed</i>	Father's Name <i>John Lake</i>	
Occupation <i>—</i>	Father's Birthplace <i>United States</i>	
Birthplace <i>United States</i>	Mother's Maiden Name <i>Susan Call</i>	
How long in U.S., if foreign birth <i>—</i>	Mother's Birthplace <i>United States</i>	
How long resident in City of New York <i>2 months</i>		

I hereby certify that I attended deceased from *Nov. 20th* 190*6*, to *Dec 4th* 190*6*, that I last saw *him* alive on the *4th* day of *December* 190*6*, that *he* died on the *6th* day of *December* 190*6*, about *11⁴⁵* o'clock A. M., or P. M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Arterio-sclerosis - Nephritis
Senility

81

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

Former or usual residence

German Valley
New Jersey

How long resident at place of death

2 months

Witness my hand this

8th day of *December* 190*6*

(Signature)

Joseph Babcock (M. D.)

(Residence)

1115 E 156th St.

5877

Place of Burial German Valley New Jersey
 Date of Burial Dec. 10, 1906
 Undertaker Charles Boyce
 Place of Business 379 Wallis Ave

N. B.—A certificate of death is a document of great importance. More than 23,000 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.**

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 Coroners' office (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.