

CITY OF NEW YORK.

STATE OF NEW YORK.

No. of Certificate,

CERTIFICATE AND RECORD OF DEATH

2707

Jacobus Lake

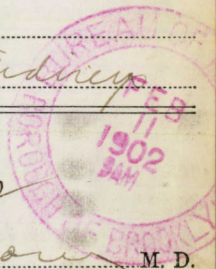
I hereby certify that I attended deceased from *Nov. 27th* 190*1* to *Feb. 10* 190*2* that I last saw *his* alive on the *9th* day of *Feb* 190*2*, that *he* died on the *10th* day of *Feb* 190*2*, about *6.25* o'clock A. M. or ~~P. M.~~ and that to best of my knowledge and belief, the cause of *his* death was as hereunder written. (If under one year old, state how fed.)

*Exhaustion
Chronic Brights Disease of Kidney*

SEE RULES ON THE OTHER SIDE.

Witness my hand this *10* day of *Feb* 190*2*

Place of Burial, *Greenwood Cem.* (SIGNATURE),
Date of Burial, *Feb 12 1902*
Undertaker, *St. Faithwell* RESIDENCE, *Joe. W. Malou M. D.*
Residence, *165 Neck road 51st ave* *8828 22nd Ave.*



Date of Death.	Full Name.	Age, in years, mos. and days.	Color.	Single, Married or Widowed.	Occupation.	Birthplace.	How long in U.S. If foreign born.	How long resident in City of New York.	Father's Name.	Father's Birthplace.	Mother's Name.	Mother's Birthplace.	Place of Death, Street and No.	Last place of Residence.	Class of Dwelling (A rooming house, a house occupied by more than two families).	Direct cause of Death.	Indirect cause of Death.	Date of Record.
<i>Feb. 10. 1902</i>	<i>Jacobus Lake</i>	<i>77-9-28</i>	<i>White</i>	<i>Married</i>	<i>Retired</i>	<i>Greenwood</i>		<i>Life times</i>	<i>Jacobus Lake</i>	<i>Greenwood</i>	<i>Ann Ogden</i>	<i>Greenwood 31</i>	<i>late Dr. W. Van Susteren St.</i>	<i>Same as above</i>	<i>Same as above</i>	<i>Exhaustion - Bone</i>	<i>Chronic Brights Disease of Kidney</i>	<i>Feb. 10. 1902</i>

MARGIN RESERVED FOR BINDING. NO MUTILATED CERTIFICATE WILL BE RECEIVED.

N. B.—A certificate of death is a document of great importance. More than 10,000 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 within 36 hours after death (Sanitary Code, Section 180).
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 5).
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,	Gangrene,	Necrosis,
Abscess,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hemorrhage,	Miscarriage,	Tetanus.

(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.