

CERTIFICATE AND RECORD OF DEATH

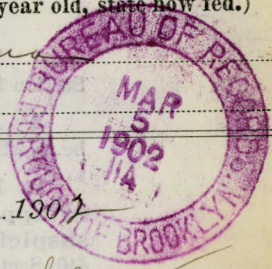
4247

OF

Daniel D. Lake

I hereby certify that I attended deceased from Feb. 8th 1902 to March 4 1902 that I last saw him alive on the 3rd day of March 1902, that he died on the 4th day of March 1902, about 3.25 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.)

General exhaustion - Coronary Organic Disease of the heart.



SEE RULES ON THE OTHER SIDE.

Witness my hand this 4th day of March 1902

Place of Burial, Greenwood (SIGNATURE), Date of Burial, March 6, Undertaker, A. Stillwell, RESIDENCE, Jos. W. Malone M. D., Residence, 165 Mich. Road 81 W, 8828 22nd Ave

Table with 11 columns: Date of Death, Full Name, Age, Color, Occupation, Birthplace, How long in U.S., How long resident in City, Father's Name, Mother's Name, Mother's Birthplace, Place of Death, Last place of Residence, Class of Dwelling, Direct cause of Death, Indirect cause of Death, Date of Record.

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.