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## Certificate of Death.

- 1.—Full Name,\* Daniel N. Lake
- 2.—Age, \_\_\_\_\_ years, \_\_\_\_\_ months, 2 days.
- 3.—~~Sex~~, Male, Female,\* 4.—White, Colored,\*
- 5.—Single, Married, Widow, Widower,\*
- 6.—Birthplace, Brooklyn 7.—Occupation, \_\_\_\_\_
- 8.—If of foreign birth, how long in the U. S. \_\_\_\_\_ years. 9.—How long resident in City, \_\_\_\_\_ years.
- 10.—Father's Birthplace,\* U. S. 11.—Mother's Birthplace,\* U. S.
- 12.—Place of Death,\* No. 221 22<sup>nd</sup> St Brooklyn, Ward 8
- 13.—Number of Families in House, 1 14.—On what Floor, 1<sup>st</sup>
- 15.—I HEREBY CERTIFY that I attended the deceased from birth 1882, to July 4<sup>th</sup> 1882;  
that I last saw him alive on the 4<sup>th</sup> day of July 1882; that he died on the  
4<sup>th</sup> day of July 1882, about 11<sup>34</sup> o'clock A. M. or P. M., and that the following was the
- 16.—Cause of Death,\* \_\_\_\_\_ Time from attack till death, \_\_\_\_\_

I. Cyanoosis

II. \_\_\_\_\_

This Certificate delivered to \_\_\_\_\_ at \_\_\_\_\_ M., \_\_\_\_\_ 1882Signed by R. M. Russell M. D.,

Medical Attendant.

No. 330 9<sup>th</sup> Street or Avenue.

Address.

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17.—Place of Burial, Harley Cross Cemetery.18.—Date of Burial, July 6 1882In case of contagious diseases,          A. M. or P. M.19.—Undertaker, Fritschler & BellePlace of Business, 684 5<sup>th</sup> Ave

\*

Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.3, 4, 5, 15.—Draw a line through the *words not required* on these lines.

6, 10, 11.—Insert name of State or Country.

12.—If in a *Public Institution*, please state its name, and erase line 13.16.—I. Name the *Organic*, Principal, or most influential Disease or Injury. If an autopsy was made, please so state.

II. Name any complication, remote cause, important event (as Operation, in Surgical Cases,) or the Manner of Dying (as Asphyxia, Asthenia, Syncope, etc.), or prominent symptom (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.

18.—Small Pox, Scarlet Fever, Diphtheria, Measles.

**Note to Undertakers.**—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death and be strictly private; and that the remains be conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, Municipal Department Building.

Hours from 9 to 4. Sundays and Holidays, 9 to 12.