

CITY OF NEW YORK.  
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate,

## CERTIFICATE AND RECORD OF DEATH 16571

John C. Lake

Sex <i>male</i>	Color <i>white</i>	Place of Death. <i>938 Atlantic Ave.</i>
Age <i>68</i> Yrs. <i>—</i> Mos. <i>—</i> Days.	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title. <i>Apartment</i>	<i>9</i>
Single, Married Widowed or Divorced. <i>widowed</i>	Father's Name. <i>John Lake</i>	
Occupation. <i>Signer</i>	Father's Birthplace. <i>New York</i>	
Birthplace. <i>New York</i>	Mother's Maiden Name. <i>Don't know</i>	
How long in U.S., if foreign birth. <i>—</i>	Mother's Birthplace. <i>New York</i>	
How long resident in City of New York. <i>68 yrs.</i>		

I hereby certify that I attended deceased from *Sept 20* 190*3* to *Sept 25* 190*3* that I last saw *him* alive on the *25th* day of *Sept* 190*3* that *he* died on the *25th* day of *Sept* 190*3*, about *10.45* 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:

*Acute Colitis*  
*Asibema*

(Duration) Yrs. Mos. Days.  
Contributory (Duration) Yrs. Mos. Days.

## SPECIAL INFORMATION

required in deaths in hospitals and institutions and in deaths of non residents and recent residents.

Former or usual residence, }

How long resident at place of death, }

610-(S)-200M.

Witness my hand this *27* day of *Sept* 190*3*

(Signature)

*E. J. Megaw* (M. D.)

(Residence)

*586 Washington Ave*

Place of Burial,

*Holy Cross*

Date of Burial,

*Sept 28<sup>th</sup> 1903*

Undertaker,

*Jas. Farrell*

Place of Business,

*118. 6<sup>th</sup> 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, Section 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 change impair its value as a public record.