

1907

CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate

CERTIFICATE AND RECORD OF DEATH

OF
Saved Jones

212411

27280

<i>M</i>	Color <i>White</i>	Place of Death <i>456 E 10th St</i>
<i>63</i> Yrs. Mo. Days	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title <i>Tenement</i>	
Married, divorced or widowed <i>Widower</i>	Father's Name <i>Sam Weiss</i>	
Occupation <i>Sailor</i>	Father's Birthplace <i>Austria</i>	
Place of Birth <i>Austria</i>	Mother's Maiden Name <i>Dora Gross</i>	
How long in City (if of foreign birth) <i>34 yrs</i>	Mother's Birthplace <i>Austria</i>	
How long resident in City New York <i>34 yrs</i>		

I hereby certify that I attended deceased from *Aug 1* 1907, to *Aug 17*, that I last saw *him* alive on the *18* day of *Aug* 1907, that he died on the *18* day of *Aug* 1907 about *2* 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:
Heart failure - evidence by lungs pale cavity myocardium

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

Former or usual residence }
How long resident }
Place of death }

Witness my hand this *16* day of *Aug* 1907
(Signature) *[Signature]*
(Residence) *456 E 10th St*

27280

DEPARTMENT OF HEALTH

Place of Burial Wasschington City
Date of Burial August 18th 1907
Undertaker D. Reich
Place of Business 50 Willitt St

AUG 19 07 12 45

N. B. - A certificate of death is a document of great importance. More than 25,000 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 Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (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.