Cypres Holls

CERTIFICATE OF DEATH.

vis Certifies That	Man Henry Burti	_0547
the 28 day of	Lanuary /164 aged 32 years	4 months
luce Dewithy	My color whete Occupation 6	arpenter
of direct	S.A. single, married	,,,,
buried	Scrophela	
	J. Duffin m. V. A.	
Times Print, 12 & 14 South 7th Street.	1. U. a. W. J. can M. D. A.	ttending Physician.

Department of Health of The City of New York GH OF Brooklyn

BUNDUGH OF	BUREAU OF RECORDS STANDARD CERTIFICATE OF DEATH	
No	stst	
FULL NAME William a. O.	Burtis . 29088	
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH November 10 , 191 8 (Month) (Day) (Year)	
6 DATE OF BIRTH (Mogth) 7 AGE If LESS than 1 day,hrs.	16 I hereby certify that the foregoing particular (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from how 1914 to 1918, that I last saw	
Soccupation Society Soccupation Socc	alive on the 10 day of Corect 191 & that death occurred on the date stated above at 2.2 P.M. and that the cause of death was as follows:	
9 BIRTHPLACE (State or country) (State or country) (P) How long in (A) U. S. (if of foreign birth) (P) How long resident in City of New York	Chroni pulmary Talusculuris	
10 NAME OF FATHER Will Herry Burt's 11 BIRTHPLACE OF FATHER 12 OF FATHER 12 OF FATHER 13 NAME OF FATHER 14 OF FATHER 15 OF FATHER 16 OF FATHER	Contributory (Secondary)	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Van Marter 13 BIRTHPLACE OF MOTHER (State or country) 14 OF MOTHER NEWYORK	duration yrs. mos. 6 ds. Witness my hand this // day of Nov., 191 &	
(State or country) 14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Former or usual Residence 15 Bay View Green Rosebauk.	Signature Bul Staddin M. D. Address 5136-48'54.	
NOV 12 17 PLACE OF BURIAL Orunalory 3	Corsh Pond Nov 134- 1818 ADDRESS A Gateo Ave	
	or A & Maris Breyn	

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 by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeaner. (Inserted by Laws 1915, ch. 284, & 2. In effect Jan. 1, 1918.)
- 4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions. Haemorrhage, Gangrene.

Gastritis. Erysipelas,

Meningitis. Metritis.

Miscarriage, Peritonitis,

Phlebitis. Pyaemia, Septicaemia,

Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. 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.
- 6. Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Archi ect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman; (b) Grocery; (a) Foreman, (b) Automobile Factory.

TO UNDERTAKERS.

- No burial permit can be obtained without a proper certificate.
- 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.

I hereby certify that I have been employed as undertaker by of deceased. to obtain a permit for the burial or cremation of the remains of deceased