

1 PLACE OF DEATH

STATE OF NEW YORK

## Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF BrooklynNo. 320-22nd St.Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc. SummerRegistered No. 238102 FULL NAME John Francis Donnelly3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)15 DATE OF DEATH December 26, 1912  
(Month) (Day) (Year)6 DATE OF BIRTH November 10, 1904  
(Month) (Day) (Year)16 I hereby certify that the foregoing particulars (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 Dec 14 1912 to Dec 26 1912, that I last saw him alive on the 25 day of Dec 1912, that death occurred on the date stated above at 5:30 A.M., and that the cause of death was as follows:  
Cerebral Spinal Fever  
or meningitis7 AGE 8 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Shoe boy  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) N.Y.(A) How long in U. S. (if of foreign birth) (B) How long resident in City of New York Life10 NAME OF FATHER John F. Donnellyduration yrs. mos. 11 ds.11 BIRTHPLACE OF FATHER (State or country) N.Y.Contributory (Secondary) Paralysis, Cerebra12 MAIDEN NAME OF MOTHER Margaret E. Petersonduration yrs. mos. 2 ds.13 BIRTHPLACE OF MOTHER (State or country) N.Y.Witness my hand this 27<sup>th</sup> day of Dec 1912

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

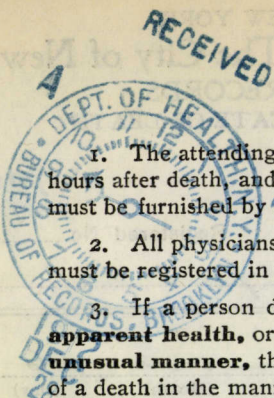
Former or usual residence }

Signature Jasper E. Wright M. D.Address 363-11th St.

Where was disease contracted, if not at place of death?

17 PLACE OF BURIAL Greenwood DATE OF BURIAL Dec 28, 1912 191218 UNDERTAKER F. E. Sells ADDRESS 684-5th St

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## 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:

<b>Abortion,</b>	<b>Gastritis,</b>	<b>Peritonitis,</b>
<b>Cellulitis,</b>	<b>Erysipelas,</b>	<b>Phlebitis,</b>
<b>Childbirth,</b>	<b>Meningitis,</b>	<b>Pyæmia,</b>
<b>Convulsions,</b>	<b>Metritis,</b>	<b>Septicæmia,</b>
<b>Haemorrhage,</b>	<b>Miscarriage,</b>	<b>Tetanus.</b>
<b>Gangrene,</b>	<b>Necrosis,</b>	

(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.

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*, *Architect*, *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.

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.