

CERTIFICATE OF DEATH.

1.—Full Name,* *Maggie Donnelly*

2.—Age, *19* years, *4* months, *24* days.

3.—Sex, Male, Female.* 4.—White, Colored.*

5.—Single, Married, Widow, Widower.*

6.—Birthplace, *U. S.*

7.—Occupation,

DEPARTMENT OF HEALTH,
OFFICE OF REGISTER,
JAN. 19 1885

8.—If of foreign birth, how long in the U. S. _____ years.

9.—How long resident in City, *Life* years.

10.—Father's Birthplace,* *Ireland*

11.—Mother's Birthplace,* *Ireland*

12.—Place of Death,* No. *22nd last 6th & 7th Ave* Brooklyn, Ward *8th*

13.—Number of Families in House, *One*

14.—On what Floor, *1*

15.—I HEREBY CERTIFY that I attended the deceased from *July 1st* 1884, to *Jan. 18* 1885,
that I last saw her alive on the *18th* day of *January* 1885; that she died on the
18th day of *January* 1885, about *6* o'clock A. M. or P. M., and that the following was the

16.—Cause of Death,*

I. *Phthisis Pulmonalis*

Time from attack till death, *2 wks*

II.

This Certificate delivered to _____ at _____ M., _____ 1885

Signed by *Dr. N. Bliss* M. D., No. *218 10th* Street or Avenue.

Medical Attendant. Address.

* See other side for explanations and directions.

[This margin reserved for binding.]

17.—Place of Burial, Holy Cross Cemetery.
18.—Date of Burial, January 20th 1883 In case of contagious diseases, A. M. or P. M.
19.—Undertaker, Fritschler & Belle Place of Business, 684. 5th Ave

626

- * 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.