

14 H-1908

THE CITY OF NEW YORK.  
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate.

## CERTIFICATE AND RECORD OF DEATH

5810

John Henry Miller			
Sex	Male	Color	White
Age	70	Yrs	1
		Mos.	7
		Days	
Single, Married, Widowed or Divorced	Married		Place of Death
Occupation	Clerk	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title	236 Gracie Ave
Birthplace	N.Y. City.	Father's Name	Knickerbocker
How long in U.S. (if of foreign birth)		Father's Birthplace	N.Y. State.
How long resident in City of New York	Life	Mother's Maiden Name	Margaret Pennington
		Mother's Birthplace	Penn.

I hereby certify that I attended deceased from Sept 18<sup>th</sup> 1908 to March 17<sup>th</sup> 1911, that I last saw him alive on the 16<sup>th</sup> day of March 1911, that he died on the 17<sup>th</sup> day of March 1911, about 9:30 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:  
Respiratory paralysis, pneumonia of the lungs  
Chronic Endocarditis, Chronic Rheumatism

## 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 }

Witness my hand this 17<sup>th</sup> day of March 1911.

(Signature)

Edward W. Hopken, D.

(Residence)

327 Gracie Ave.



5810 4/4/11 copy  
Place of Burial Evergreen Brooklyn  
Date of Burial March 20. 1911  
Undertaker Chas. J. Barr  
Place of Business 1256 Bedford ave.

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,	Pyaemia,
Convulsions,	Metritis,	Septicaemia,
Haemorrhage,	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.