A DI AGE OF DEATH	STATE OF NEW YORK
BOROUGH OF BIENE Departme	ent of Health of The City of New York BUREAU OF RECORDS
Lo C Ha perse	STANDARD CERTIFICATE OF DEATH
No.	St.
Character of premises, whether tenement, private,	Registered No.
hotel, hospital or other place, etc.	아니다 아이들은 아이를 가게 하셨다면 하는데 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들
FULL NAME John & Ewis	
SEX + COLOR OR RACE 5 SINGLE. / -	15 DATE OF DEATH
Anne Phile (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	16 I hereby certify that the foregoing partic-
	ulars (Nos. 1 to 15 inclusive) are correct as near
(Month) (Day) (Year)	as the same can be ascertained, and I further
T AGE If LESS than 1 day, hrs.	certify that I have this 2 day of
yrsds. ormin.?	191.3, taken charge of the body of deceased
(a) Trade, profession, or Barra	found at & d C Appende
particular kind of work	and that an figget thereon is pending.
(b) General nature of industry, business or establishment in	Cley of Done Coroner.
which employed (or employer)	Coroner.
(State or country) QL S	body and from
(9) How long in (9) How long resident in City of New York	and evidence, that he died on the 2 day of 1913, at 51M., and that
11 BIRTHPLACE OF ATHER (State or country) Environ	the cause of h
	Mrorme
18 MAIDEN NAME OF MOTHER Comme Rosels 18 BIRTHPLACE OF MOTHER	
13 BIRTHPLACE OF MOTHER (State or country)	
11 Special INFORMATION required in deaths in hospitals and institu- tions and in deaths of non-residents and recent residents.	Easil I Howing
Former or usual residence for the state of t	Coroner's Physician.
usual residence j	18 PLACE OF BURIAL DATE OF BURIAL
	19 UNDERTAKER ADDRESS
FILED	4. Ochron 2976 an Bente

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES MUNICIPAL ARCHIVES

31 Chambers Street New York, N.Y. 10007

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Brian G. Andersson

Commissioner, Department of Records

Leonora A. Gidlund

Director, Municipal Archives