

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

23195

BOROUGH OF Brooklyn

No. 37 Wolcott St.

Character of premises, whether tenement, private, hotel, hospital or other place, etc. Tenement Registered No. \_\_\_\_\_

<sup>2</sup> FULL NAME John J. Roche

<sup>3</sup> SEX male <sup>4</sup> COLOR OR RACE white <sup>5</sup> SINGLE, MARRIED, WIDOWED, OR DIVORCED married (Write the word)

<sup>15</sup> DATE OF DEATH Dec 11, 1911  
(Month) (Day) (Year)

<sup>6</sup> DATE OF BIRTH May 1, 1852  
(Month) (Day) (Year)

<sup>16</sup> 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 Aug 19-1911 to Dec 11-1911, that I last saw him alive on the 11 day of Dec 1911, that death occurred on the date stated above at 8 A.M., and that the cause of death was as follows:

<sup>7</sup> AGE 59 yrs. 7 mos. 10 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

Chronic Bronchitis & Asthma  
duration \_\_\_\_ yrs. 6 mos. \_\_\_\_ ds.

<sup>8</sup> OCCUPATION (a) Trade, profession, or particular kind of work Pilot (b) General nature of industry, business or establishment in which employed (or employer) marine

Contributory (Secondary) \_\_\_\_\_  
duration \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

<sup>9</sup> BIRTHPLACE (State or country) Ireland  
(A) How long in U. S. (if of foreign birth) 57 (B) How long resident in City of New York 57

<sup>10</sup> NAME OF FATHER Andrew

<sup>11</sup> BIRTHPLACE OF FATHER (State or country) Ireland

<sup>12</sup> MAIDEN NAME OF MOTHER Maryann McFash

<sup>13</sup> BIRTHPLACE OF MOTHER (State or country) Ireland

Witness my hand this 11 day of Dec 1911  
Signature J. F. Parsons M. P.  
Address 88 Pioneer St

<sup>14</sup> Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } \_\_\_\_\_

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

<sup>17</sup> PLACE OF BURIAL Holy Cross Cem. <sup>DATE OF BURIAL</sup> Dec. 13, 1911

<sup>18</sup> UNDERTAKER Joseph Redmond ADDRESS 90 King St. N.Y.

FILED \_\_\_\_\_

DEC 11 1911 4 17

## 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,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
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.

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.