

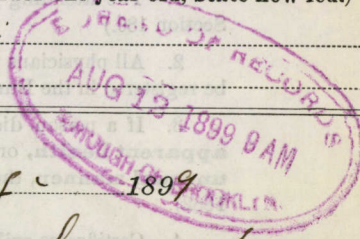
CERTIFICATE AND RECORD OF DEATH

13894

OF
Henry M. Lewis

I hereby certify that I attended deceased from *March 1st* 1899, to *Aug. 6th* 1899
that I last saw *him* alive on the *6th* day of *Aug.* 1899, that *he* died on the
9th day of *Aug.* 1899, about *6* clock A. M. or P. M., and that to best of my
knowledge and belief, the cause of *his* death was as hereunder written. (If under one year old, state how fed.)

*Brown chills - Laryngitis
Athenia*



SEE RULES ON THE OTHER SIDE.

Witness my hand this *15th* day of *Aug.* 1899
Place of Burial, *Ground* (SIGNATURE),
Date of Burial, *Aug-12-99* *P. J. Ruedenrodt* M. D.
Undertaker, *Shufelt & Strobel* RESIDENCE,
Residence, *384 Van Buren St* *531 Henry St.*

Date of Record.	Indirect cause of Death.	Direct cause of Death.	Class of Dwelling (A tenement being a house occupied by more than two families)	Last place of Residence.	Place of Death.	Mother's Birthplace.	Mother's Name.	Father's Birthplace.	Father's Name.	How long resident in City of New York.	How long in U.S. if foreign born.	Birthplace.	Occupation.	Single, Married or Widowed.	Color.	Age in years, mos. and days.	Full Name.	Date of Death.
	<i>Laryngitis</i>	<i>Cardiac weakness</i>		<i>Same</i>	<i>St Maloney St</i>	<i>England</i>	<i>Sarah Lewis</i>	<i>England</i>	<i>Thomas Lewis</i>	<i>Same</i>	<i>50 years</i>	<i>England</i>	<i>Printer</i>		<i>White</i>	<i>63 years</i>	<i>Henry M. Lewis</i>	<i>Aug. 9th 99</i>

NO MUTILATED CERTIFICATE WILL BE RECEIVED.

N. B.—A certificate of death is a document of great importance. More than 10,000 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 within 36 hours after death (Sanitary Code, Section 180.)
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 5).
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 Coroners' office (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,	Gangrene,	Necrosis,
Abscess,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hemorrhage,	Miscarriage,	Tetanus.

(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.