

CERTIFICATE OF DEATH.



1.—Full Name,* *Sarah Jane Waldron*

2.—Age, *64* years, *7* months, *19* days.

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

5.—Single, Married, Widow, ~~Widower~~.*

6.—Birthplace, *United States*

7.—Occupation, _____

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

9.—How long resident in City, *20* years.

10.—Father's Birthplace,* *United States*

11.—Mother's Birthplace,* *United States*

12.—Place of Death,* No. *67 Waverly ave* Brooklyn, Ward *20*

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

14.—On what Floor, *Second*

15.—I HEREBY CERTIFY that I attended the deceased from *Mar 16th* 1889, to *Mar 21st* 1889, that I last saw her alive on the *21* day of *March* 1889; that she died on the *22nd* day of *March* 1889, about *3⁴⁵* o'clock A. M. or ~~P. M.~~, and that the following was the

16.—Cause of Death,*

I. *Broncho-Pneumonia* Time from attack till death, *about 12 days*

II. *Dyspnoea*

This Certificate delivered to *J. Bennett & Son* at *5 P.* M., *Mar 22* 1889

Signed by *J. Gattison* M. D., No. *257 Adelphi* Street or Aven. Address

Medical Attendant.

* See other side for explanations and directions.

[This margin reserved for binding.]

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN

17.—Place of Burial, Greenwood Cemetery.

18.—Date of Burial, March 24 1889 In case of contagious diseases, _____ A. M. or P. M.

19.—Undertaker, S. BENNET & SON, Place of Business, _____
No. 233 BRIDGE STREET,
BROOKLYN, N. Y.

4122

*

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.