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THE BOARD OF THE HEALTH DEPARTMENT OF THE CITY OF BROOKLYN HAS MADE THE FOLLOWING ORDER:

"All permits for the removal of the Body of any deceased person from the City of Brooklyn for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Brooklyn, shall be granted and signed by the Register of Records."

☞ The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF RECORDS OF VITAL STATISTICS, within ***36 hours*** after said person's death. [See Sec. 9 of Sanitary Code.]

Write Time from Attack till Death opposite EACH CAUSE. ***If unknown, it should be so stated.***

The REMOTE or the COMPLICATING disease should be certified by the Physician when recognized as influencing the chief cause of Death.

NO PERMIT FOR BURIAL WILL BE GRANTED WITHOUT A CERTIFICATE ACCURATELY FILLED OUT.

CERTIFICATE OF DEATH.

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1. *Full name of the Deceased,* (Write legibly and spell correctly.) James A Wade
2. *Age,* 60 *years,* 1 *month,* 12 *days.* ~~*Color,*~~
3. ~~*Single*~~, *Married,* ~~*Widow*~~, *or* ~~*Widower*~~. (Cross out the words not required on this line.)
4. *Occupation,* None
5. *Birthplace,* U S (And how long in the United States, if of foreign birth.)
6. *How long resident in this City* 30 years
7. *Father's Birthplace,* (The State or Country.) New York
8. *Mother's Birthplace,* (The State or Country.) " "

Let these returns be specific.

9. ***Place of Death,*** *No.* 252 South 9th *Street,* 13 *Ward.*
10. *Number of Families in House,* one
11. ***I Hereby Certify,*** *That I attended deceased from* Jan 1 1876 *to* April 1 1876 *that I last saw him alive on the* 1 *day of* April 1876, *that he died on the* 1 *day of* April 1876, *about* 9 A M *o'clock, and that* ***the Cause of*** *his Death was:*

FIRST, Pneumonia

SECOND, (*Remote and complicating,*) Phthisis

Time from Attack till Death.

20 days

one year

ALL THE ABOVE INFORMATION MUST BE FURNISHED BY THE PHYSICIAN.

Place of Burial, Cypress Hills

Date of Burial, April 3d 1876

Undertaker, Geo. J. Kendricks

Place of Business, 241 Broadway

Signed by

J D Wade M. D.,

Medical Attendant.

(*Address,*) 252 South 9 st

Office of the Health Department, 278 & 280 Washington St.

[OVER.]

James Sutton & Co., Printers, 23 Liberty Street, N. Y.

THE FOLLOWING ADDITIONAL INFORMATION IS REQUESTED IN RELATION TO THE CAUSES OF DEATH ENUMERATED BELOW.

ANEURISM.—Mode of Death.

CER.-SPIN. MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.