14 H—1914

1 PLACE OF DEATH

BOROUGH OF Brooklyn

No. 908 Greene av. 23 St.

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

Character of premises, whether tenement, private, hotel, hospital or other place, etc. Private

Registered No. 23363

2 FULL NAME Eliza Ann Wade

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March (Month) 1 (Day), 1816 (Year)

7 AGE: 99 yrs. 9 mos. 15 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): New York city

(9 A) How long in U. S. (if of foreign birth):

(9 B) How long resident in City of New York: Life

PARENTS OF DECEASED

10 NAME OF FATHER: John Wade

11 BIRTHPLACE OF FATHER (State or country): New York city

12 MAIDEN NAME OF MOTHER: Mary Hickey

13 BIRTHPLACE OF MOTHER (State or country): Long Island N.Y.

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence:

15 DATE OF DEATH: December (Month) 15 (Day), 1915 (Year)

16 *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* Dec. 9 1915 *to* Dec 15 1915, *that I last saw* her *alive on the* 15 *day of* December 1915, *that death occurred on the date stated above at* 1 P. M., *and that the cause of death was as follows:*

Broncho- Pneumonia

duration ____ yrs. ____ mos. 6 ds.

Contributory (Secondary)

old age

duration ____ yrs. ____ mcs. ____ ds.

Witness my hand this 16 day of Dec. 1915

Signature John E. Wade M. D.

Address 908 Greene av.

FILED
DEC 17 1915

17 PLACE OF BURIAL: Cypress Hills Cmt

DATE OF BURIAL: Dec 18, 1915

18 UNDERTAKER: G W Van Horsen

ADDRESS: 97 Reid av

NO MUTILATED CERTIFICATE WILL BE RECEIVED
MARGIN RESERVED FOR BINDING

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,	**Haemorrhage,**	**Meningitis,**	**Phlebitis,**
Cellulitis,	**Gangrene,**	**Metritis,**	**Pyaemia,**
Childbirth,	**Gastritis,**	**Miscarriage,**	**Septicaemia,**
Convulsions,	**Erysipelas,**	**Peritonitis,**	**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.

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.

I hereby certify that I have been employed as undertaker by J. E. Wade (NAME)

the Son (RELATIONSHIP) of deceased. This statement is made to obtain a permit

for the burial or cremation of the remains of deceased Eliza Ann Wade

Signature G. W. Van Hoesen

DEC 1915

71-1611 0220