

## DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN. 13656

## Certificate of Death.

1.—Full Name,\* Bernard Campbell

2.—Age, 67 years, 9 months,  days.

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

5.—Single, Married, Widower, Widowed.\*

6.—Birthplace, Ireland

7.—Occupation, Laborer

8.—If of foreign birth, how long in the U. S. 35 years.

9.—How long resident in City, 35 years.

10.—Father's Birthplace,\* Ireland

11.—Mother's Birthplace,\* Ireland

12.—Place of Death.\* No. 226 Union Ave Brooklyn, Ward 15

13.—Number of Families in House, 2

14.—On what Floor, 12

15.—I HEREBY CERTIFY that I attended the deceased from Dec 14 1883, to Dec 27 1883, that I last saw him alive on the 27 day of Dec 1883; that he died on the 27 day of Dec 1883, about 10.30 o'clock A. M. or P. M., and that the following was the

16.—Cause of Death,\*

I. Carcinoma of Stomach

II. Starvation

Time from attack till death.

One Year

Two Weeks

This Certificate delivered to J Campbell at 9 A M., Dec 28 1883

Signed by Daniel Murphy M. D., No. 257 Green Street or Avenue.

Medical Attendant. Address.

17.—Place of Burial, Calvary Cemetery.

18.—Date of Burial, 20 Dec.

In case of contagious diseases, ..... A. M. or P. M.

19.—Undertaker, J. Rooney app.

Place of Business, 103 Union Ave

13656

\*

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 18.

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.