

CERTIFICATE AND RECORD OF DEATH

1366

OF

Bernard Campbell

Sex <i>male</i>	Color <i>white</i>	Place of Death <i>330 Everygreen St</i>
Age <i>3</i> Yrs. <i>2</i> Mos. <i>15</i> Days	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title <i>28</i>	
Single, Married, Widowed or Divorced <i>single</i>	Father's Name <i>William Campbell</i>	
Occupation —	Father's Birthplace <i>U. S.</i>	
Birthplace <i>U. S.</i>	Mother's Maiden Name <i>Christine Kierling</i>	
How long in U.S. (if of foreign birth) —	Mother's Birthplace <i>U. S.</i>	
How long resident in City of New York <i>life</i>		

I hereby certify that I attended deceased from *January 13<sup>th</sup>* 1908, to *January 17<sup>th</sup>* 1908, that I last saw *him* alive on the *17<sup>th</sup>* day of *January* 1908, that *he* died on the *17<sup>th</sup>* day of *January* 1908, about *7* o'clock *A. M.* or *P. M.*, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

*Diphtheria of Throat & Nose*

*Paralysis of Heart*

SPECIAL INFORMATION

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

Former or usual residence }  
How long resident }  
at place of death }

Witness my hand this *17<sup>th</sup>* day of *January* 1908.  
(Signature)

*H. C. Bender* M. D.

(Residence)

*683 Bushwick St*

NO MUTILATED CERTIFICATE WILL BE RECEIVED  
MARGIN RESERVED FOR BINDING