

[Form A,
January 1, 1880.]

5730

Department of Health of the City of Brooklyn.

CERTIFICATE OF DEATH



1.—Full Name,* *John Trainor*
2.—Age, *45* years, _____ months, _____ days.
3.—Sex, Male, ~~Female~~.* 4.—White, ~~Colored~~.*
5.—~~Single~~, Married, ~~Widow~~, ~~Widower~~.*
6.—Birthplace, *Ireland*
7.—Occupation, *Labourer*
8.—If of Foreign birth, how long in the U. S., *18* years.
9.—How long resident in City, *18* years.
10.—Father's Birthplace,* *Ireland*
11.—Mother's Birthplace,* *Ireland*
12.—Place of Death,* No. *237 North 9th St* Brooklyn, Ward, *14th*
13.—Number of Families in House, *Three*
14.—On what Floor, *first*
15.—I HEREBY CERTIFY that I attended the deceased from *April 17* 188*9*, to *April 20* 188*9*.
that I last saw him alive on the *20* day of *April* 188*9*; that he died on the
20 day of *April* 188*9*, about *9* o'clock, ~~A. M.~~ or P. M., and that the following was the
16.—Cause of Death,*
I. *Pneumonia*
II. *Asphyxia*
Time from Attack till Death, *5 days*
This Certificate delivered to _____ at _____ M., 188____.
Signed by *W. Lawrence* M. D., No. *203 Bedford* Street or Avenue, _____ Address.

17.—Place of Burial, Calvary Cemetery.

18.—Date of Burial, April 30th 1889

19.—Undertaker, E. Gallopin

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

Place of Business, 204 Bedford Ave

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* 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 Dying (Asphyxia, Asthenia, Syncope, etc.) or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.

CONTAGIOUS DISEASES.—Small Pox, Scarlet Fever, Diphtheria, Measles, Typhoid Fever, Typhus Fever, Yellow Fever, Cholera.

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.