

A 37408

14-H 25-2608-32-B

1 PLACE OF DEATH

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

BOROUGH OF

No.

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

Registered No.

PRINT FULL NAME

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED, *Married*
WIDOWED,
OR DIVORCED
(Write the word)

15 DATE OF DEATH

5A. WIFE
HUSBANDOF *James W. Figueroa*

6 DATE OF BIRTH

Oct 15, 185
(Month) (Day) (Year)

7 AGE

78 yrs. *9* mos. *11* ds. If LESS than
1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.*Housewife*(b) General nature of industry,
business or establishment in
which employed (or employer).9 BIRTHPLACE
(State or country)*Jamaica West Indies*(A) How long in
U. S. (if of for-
eign birth)*15 yrs*(B) How long resi-
dent in City
of New York*15 yrs*10 NAME OF
FATHER*Emanuel Perrean*11 BIRTHPLACE
OF FATHER
(State or country)*British West Indies*12 MAIDEN NAME
OF MOTHER*Unknown*13 BIRTHPLACE
OF MOTHER
(State or country)*British West Indies*

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

Usual Residence

FILED

17 PLACE OF BURIAL

St. Raymond's Cemetery

18 UNDERTAKER

Walter B. Cooke, Inc.

DATE OF BURIAL

July 28, 1936

ADDRESS

117 74 22 St

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 *July 1, 1936*
to *July 26, 1936*, that I last saw *her*
alive on the *24* day of *July, 1936*,
that death occurred on the date stated above at *10:45 AM.*,
and that the cause of death was as follows:

*Senile**Arterio Sclerosis*

duration yrs. mos. ds.

Contributory
(Secondary)

Operation?

State kind

duration yrs. mos. ds.

Witness my hand this *26* day of *July, 1936*

Signature

Leroy J. Smith M. D.

Address

129 West 69 St

ORDER NO.

DATE

M-94628
7-24-36

TO PHYSICIANS

NUMBER ISSUED

RESEARCHER

PHOTO. OP.

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 33 and 90).

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 218).

3. If a person dies from criminal violence or by a casualty or by suicide, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,
Cellulitis,
Childbirth,
Convulsions,

Hemorrhage,
Gangrene,
Gastritis,
Erysipelas,

Meningitis,
Metritis,
Miscarriage,
Peritonitis,

Phlebitis,
Pyæmia,
Septicaemia,
Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. 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, Composer, 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, without any solicitation on my part or that of any other person, as undertaker by

the

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

of deceased.

This statement is made to obtain a permit

Signature

#2374

Removal #222
7-26/36

for the last time while the was alive - the was born at
that time - I have viewed the remains and find no evidence
of violence and believe the cause of death as stated in
this certificate correct & true M.D.

INSTITUTION

CITY, RESID.

AREA, DIST.

OCCUR.

NAT. DEC.

NAT. MOTHER

CAUSE 1

CAUSE 2

OPERATION

TYPE ACCIDENT

O. T. ACCIDENT

ATT.-AUT.

HOUSE

OCC.-OCC.

HOUSE

HOUSE

HOUSE

HOUSE