

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 BrooklynNo. 2 Howard Ave.St. ✓5

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

Registered No. 20712 FULL NAME Amy Muschett3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)15 DATE OF DEATH Jan 30, 1913

(Month) (Day) (Year)

6 DATE OF BIRTH Aug 5, 1886

(Month) (Day) (Year)

7 AGE 26 yrs. 5 mos. 23 ds. or 1 day, 23 hrs. 5 min.?If LESS than
1 day,.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work Housework(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country) West Indies(A) How long in
U. S. (if of for-
eign birth) 20 yrs.(B) How long resi-
dent in City
of New York 20 yrs.

PARENTS OF DECEASED

10 NAME OF
FATHER John Muschett11 BIRTHPLACE
OF FATHER
(State or country) West Indies12 MAIDEN NAME
OF MOTHER Unknown13 BIRTHPLACE
OF MOTHER
(State or country) West Indies14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence } 651 Locust St

Where was disease contracted, if not at place of death?

651 Locust St

FILED

16 I hereby certify that the foregoing partic-
ulars (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
Jan 28 1913 to Jan 30 1913,
that I last saw her alive on the 30 day of
Jan 1913, that death occurred on
the date stated above at 1 AM., and that
the cause of death was as follows:

Strangulated Herniaduration yrs. mos. 10 ds.Contributory Intestinal Perforation
(Secondary)duration yrs. mos. 2 ds.Witness my hand this 30 day of Jan 1913Signature Frank J. Mangold M. D.Address 2 Howard Ave.17 PLACE OF BURIAL Lutheran Cem.DATE OF BURIAL Feb 2, 191318 UNDERTAKER Fred SteinmannADDRESS 249 Irving av.

RECEIVED



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,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Haemorrhage,	Miscarriage,	Tetanus.
Gangrene,	Necrosis,	

(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.

Fred Keatinge, Registrar

S. J. BYRNE, J. D.
Regist.