The Board of the Health Department of the City of Brooklyn has made the following Order:

"All permits for the removal of the Body of any deceased person from the City of Brooklyn for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Brooklyn, shall be granted and signed by the Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Bureau of Records of Vital Statistics, within 36 hours after said person's death.

Write time from Attack till Death opposite each cause. If unknown, it should be so stated. [Sec 159 of Sanitary]

The Immediate Cause should be certified by the Physician when recognized as influensing the chief cause of Death.

No Permit for Burial will be granted without a Certificate accurately filled out.

CERTIFICATE OF DEATH. Hovd	
1. Full name of the Deceased, (and spell correctly.)	ugaret-Wood
2. Age, 86 years, months, 110	1. 110-
3. Single, Married, Widow, or Willower. (Cross out the words not required on this line.)	
4. Occupation,	
5. Birthplace, Moslym 20. Le (And how long in the United States, if of foreign birth.)	
6. How long resident in this City & Men	less returns be specific
7. Father's Birthplace, (The State or Country.)	legue do P,
S. Mother's Birthplace, (The State or Country.)	Do 191
9. Place of Death, No. Flatburk	Street, Ward.
10. Number of Families in House, 11. I Licroby Certify, That I attended deceased from	ha 26 1875 to Mag 26
1875 that I last saw he alive on the 2 f day of	may 1875 that I died
on the 2 f day of neg 1875, about	5 oclock, and that the Cause of
h & Death was: Death was:	CERLDELETH - Circumstances producing Death.
Colored July and and a	Time from Attack till Death.
FIRST, (Primary.) Popleag	DESCRIPTION - Mode of Death
SECOND, (Immediate.)	Disease of Heart Variety. Valves involved.
Preserver Breta Cause, Fortal Age	Deorsy-Variety and Cause.
ALL THE ABOVE INFORMATION MUST BE FUR- NISHED BY THE PHYSICIA	EXTENSIVE AND CEASTRY EXTERITES COURSE. Whether
Place of Burial, Oldar Sman Lot	Signed by
Date of Burial, Mary 31 1875	John L habriski M. D.,
Undertaker, & Mendenson	Medical Attendant.
9 -11 9 1	Address Haltuch
Office of the Health Department, 66 Court Street.	IOVER.1
Mention INTEMPERANCE Theorem recognized as having produced or complicated the direct cause of death.	MALIGNANT PUSTURE—Location and Cause

The Board of the Health Department of the City of Brooklyn has made the following Order:

CERTIFICATE OF DEATH.

C.

THE FOLLOWING ADDITIONAL INFORMATION IS REQUESTED IN RELATION TO THE CAUSES OF DEATH ENUMERATED BELOW.

Aneurism - Mode of Death.

CER. Spin. Meningitis—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER-Variety and Seat.

Calculus-Mode of Death.

DENTIFION-Mode of Death.

DISEASE OF HEART-Variety. Valves involved.

Dropsy-Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not.

ERYSIPELAS-Seat and Cause.

FRACTURES-Cause and Mode of Death.

GANGRENE-Seat and Cause.

Gastritis—Cause.

HERNIA-Variety and Mode of Death.

Insanity—Variety and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE-Location and Cause.

Malformation-Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR-Mode of Death.

PARALYSIS-Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

PYEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Foetal Age.

ETERNATURAL BIRTH-Manner of.

HLIS—Variety, Chief Location and Mode of Death.

TANUS-Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

Wounds-Cause, Variety, Seat and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.