



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

All persons who attend the removal of the body of any deceased person from the City of Brooklyn for interment, and all burial parties and persons for the interment of the remains of deceased persons in the City of Brooklyn shall be granted and stated by the Registrar of Births and Deaths.

CERTIFICATE OF DEATH

Form with fields for Name of the Deceased, Age, Sex, Marital Status, Occupation, Birthplace, Residence, and Place of Death. Includes handwritten entries and a stamp.

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.
- DENTITION—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. Fœtal Age.
- PREMATURE BIRTH—Manner of.
- SCARLET FEVER—Variety, Chief Location and Mode of Death.
- TETANUS—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.