

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. 350 Parkside Av.

St.

1473

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

Registered No.

1473

2 FULL NAME

Thomas Francis Malley

3 SEX

Male

4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the Word)Married

15 DATE OF DEATH

Jan. 15, 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH

April 15, 1854  
(Month) (Day) (Year)

7 AGE

63 yrs. 9 mos. 9 ds.IF LESS than  
1 day.....hrs.  
or.....min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business or establishment in  
which employed (or employer)Post Office Inspector

9 BIRTHPLACE

(State or country)

U. S.(A) How long in  
U. S. (if of for-  
eign birth)(B) How long resi-  
dent in City  
of New Yorklife10 NAME OF  
FATHERJohn Malley11 BIRTHPLACE  
OF FATHER  
(State or country)Ireland.12 MAIDEN NAME  
OF MOTHERMargaret Collins13 BIRTHPLACE  
OF MOTHER  
(State or country)Ireland.14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.Former or  
usual residence }

FILED

17 PLACE OF BURIAL

Holy Cross Cemetery

DATE OF BURIAL

Jan. 17, 1918

18 UNDERTAKER

Edwin Bayha

ADDRESS

219 Atlantic AveMARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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 Jan 13, 1918, to Jan 14, 1918, that I last saw him alive on the 14th day of Jan, 1918, that death occurred on the date stated above at 3 P. M., and that the cause of death was as follows:

Cardiac Dilatationduration..... yrs. .... mos. 7 ds.Contributory  
(Secondary)Chronic Myocarditis

duration..... yrs. .... mos. .... ds.

Witness my hand this 15th day of Jan, 1918.Signature W. H. Sheouhardt M. D.Address 156 Woodruff Av.

JAN 15 1918



## 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 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 **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,  
Cellulitis,  
Childbirth,  
Convulsions,**

**Haemorrhage,  
Gangrene,  
Gastritis,  
Erysipelas,**

**Meningitis,  
Metritis,  
Miscarriage,  
Peritonitis,**

**Phlebitis,  
Pyæmia,  
Septicæmia,  
Tetanus.**

(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.

I hereby certify that I have been employed as undertaker by     *Mr. Omalley*      
(NAME)  
 the     *Wife*     of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)  
 for the burial or cremation of the remains of deceased     *Thomas Francis Omalley*    

Signature     *Edmund Bayha*    

*William Heigel atty*