

Department of Health of The City of New York

BUREAU OF RECORDS

CERTIFICATE OF DEATH

BOROUGH OF BronxNo. 362 East 200 St.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. PrivateRegistered No. 725* FULL NAME William Velvies Bogart

| | | | |
|----------------------|---------------------------------|--|---|
| 8 SEX <u>Male</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u> | 15 DATE OF DEATH <u>January 21, 1917</u> (Month) (Day) (Year) |
|----------------------|---------------------------------|--|---|

6 DATE OF BIRTH
November 18, 1843
(Month) (Day) (Year)7 AGE
73 yrs. 2 mos. 3 ds. If LESS than
1 day, ___ hrs. or ___ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired Policeman
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE
(State or country) New York(A) How long in U. S. (if of foreign birth) (B) How long resident in City of New York Life10 NAME OF FATHER George Bogart11 BIRTHPLACE OF FATHER
(State or country) New York12 MAIDEN NAME OF MOTHER Phoebe Cushman13 BIRTHPLACE OF MOTHER
(State or country) New York

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

Former or usual residence }

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, 1917 to January 21, 1917, that I last saw him alive on the 21 day of January 1917, that death occurred on the date stated above at 11 P. M., and that the chief and determining cause of death was: Cerebral Strain on legs
duration 4 yrs. ___ mos. ___ days.

That the contributory causes were:

That autopsy was performed and the findings were:

Witness my hand this 26 day of January 1917Signature W. C. [Signature] M. D.Address 300 East 200th St

FILED

17 PLACE OF BURIAL St Paul & Kensico CemeteryDATE OF BURIAL January 25, 191718 UNDERTAKER F. P. BallardADDRESS 3706 White Plains av

JAN 23 1917

NO MUTILATED CERTIFICATE WILL BE RECEIVED

MARGIN RESERVED FOR BINDING

TO PHYSICIANS.

6927 ltr O'T 2/15/17

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).

ltr. HJ8545-5/22/17

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

| | | | |
|--------------|--------------|--------------|-------------|
| Abortion, | Haemorrhage, | Meningitis, | Phlebitis, |
| Cellulitis, | Gangrene, | Metritis, | Pyæmia, |
| Childbirth, | Gastritis, | Miscarriage, | Septicæmia, |
| Convulsions, | Erysipelas, | Peritonitis, | 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, 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 as undertaker by

Mary A Bogart
(NAME)

the wife of deceased. This statement is made to obtain a permit

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Millaue H Bogart

Signature

J P Ballard