

A 31230

ALTERATIONS APPROVED BY COMMISSIONER OF HEALTH

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. 721 Macon St.Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc.Private Hospital

Registered No.

2771

2 FULL NAME

Sidney J. Greene

3 SEX

male

4 COLOR OR RACE

white5 SINGLE  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)married

15 DATE OF DEATH

July 7, 1932  
(Month) (Day) (Year)5A. WIFE  
HUSBAND } OFDrene J. Greene

6 DATE OF BIRTH

....., 1.....  
(Month) (Day) (Year)

7 AGE

50

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

If LESS than  
1 day, .... hrs.  
or, .... min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of workCartoonist(b) General nature of industry,  
business or establishment in  
which employed (or employer)News Times9 BIRTHPLACE  
(State or country)Canada(A) How long in  
U. S. (if of for-  
eign birth)17 yrs(B) How long resi-  
dent in City  
of New York17 yrs

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

10 NAME OF  
FATHERJoseph Greene11 BIRTHPLACE  
OF FATHER  
(State or country)Canada12 MAIDEN NAME  
OF MOTHERJane Butt13 BIRTHPLACE  
OF MOTHER  
(State or country)Canada14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.Former or  
usual Residence25-89th St.  
Brooklyn N.Y.

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 7, 1932  
to July 7, 1932, that I last saw him  
alive on the 7 day of July, 1932  
that death occurred on the date stated above at 12:30 A.M.,  
and that the cause of death was as follows:

Cardiac AstheniaContributory  
(Secondary)Chronic Endocarditis  
Chronic nephritisduration 4 yrs. 5 mos. 2 ds.Witness my hand this 7 day of July, 1932Signature John J. Dooley M. D.Address 611 Lincoln St.MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE 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 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 **by suicide**, or **suddenly while in apparent health**, or when **unattended by a physician** or **in prison**, or in any **suspicious** or **unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

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,**

**Hemorrhage,**  
**Gangrene,**  
**Gastritis,**  
**Erysipelas,**

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

**Phlebitis,**  
**Pyæmia,**  
**Septicaemia,**  
**Tetanus.**

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. 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.....

(NAME)



31227

14-H 25-200 8-31-B

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

Brooklyn

No. 721 Mecon St

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

Private Hospital

Registered No.

277/

2 FULL NAME

Sydney T. Greene

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

15 DATE OF DEATH

July 7, 1932  
(Month) (Day) (Year)5A. WIFE  
HUSBAND

Irene L. Greene

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

50

yrs. mos. ds.

If LESS than  
1 day, hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work

Carpenter

(b) General nature of industry,  
business or establishment in  
which employed (or employer)

Meyn-Times

9 BIRTHPLACE

(State or country)

Canada

(A) How long in  
U. S. (if of for-  
eign birth)

17 yrs

(B) How long resi-  
dent in City  
of New York

17 yrs

10 NAME OF  
FATHER

Joseph Greene

11 BIRTHPLACE  
OF FATHER  
(State or country)

Canada

12 MAIDEN NAME  
OF MOTHER

Jane Brett

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Canada

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tions and in deaths of non-residents and recent residents.Former or  
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(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 7, 1932  
to July 7, 1932, that I last saw him  
alive on the 7 day of July, 1932  
that death occurred on the date stated above at 12:35 AM,  
and that the cause of death was as follows:

Coronary atherosclerosis

duration yrs. mos. ds.

Contributory  
(Secondary)Chronic myocarditis  
Chronic nephritis

duration of yrs. mos. ds.

Witness my hand this 7 day of July 1932

Signature

John J. P. Volney M.D.

Address

615 Lenox place

FILED

17 PLACE OF BURIAL

Kensico Cemetery

DATE OF BURIAL

Feb 10, 1932

18 UNDERTAKER

Fairchild Sons Inc

ADDRESS

86 Ruffer's Place

590

FEB 8 1932

MARGIN RESERVED FOR BINDER  
NO MUTILATED CERTIFICATE WILL BE RECEIVED



748127  
19  
2-9-22  
748155  
19  
2-10-22  
748158  
19  
2-10-22  
748160  
19  
2-10-22  
748162  
19  
2-10-22

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Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

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I hereby certify that I have been employed as undertaker by Gene Crane

(NAME)

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

(RELATIONSHIP)

for the burial or cremation of the remains of deceased Sidney J. Crane

Signature Sidney J. Crane

Removal to 86  
Register B1  
Other for same

SA

Signature Sidney J. Crane  
Wyle B. Strayer