

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BROUOH OF

Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

85-10-17th Ave.

St.

10522

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

Private

Registered No.

2 FULL NAME

Mr. Valentini Tang

SEX

Male

4 COLOR OR RACE

Chinese

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

Widowed

15 DATE OF DEATH

May 14, 1916
(Month) (Day) (Year)

3 DATE OF BIRTH

April ? 1858
(Month) (Day) (Year)

7 AGE

58 yrs. mos. ds. or min.?
If LESS than 1 day, hrs.

8 OCCUPATION

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

Retired

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

9 BIRTHPLACE

(State or country)

China

(A) How long in U. S. (if of foreign birth)

50 yrs.

(B) How long resident in City of New York

50 yrs.

PARENTS OF DECEASED

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

China

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

China

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 *Sept. 1915* to *May 14 1916*, that I last saw *him* alive on the *13th* day of *May* 1916, that death occurred on the date stated above at *12⁴⁵ AM.*, and that the cause of death was as follows:

Mitral Regurgitation (Broken compensations)

duration yrs. *7* mos. ds.

Contributory (Secondary)

Chronic nephritis

duration ? yrs. mos. ds.

Witness my hand this *14th* day of *May* 1916

Signature *Allen Hill* M. D.

Address *1847 Benson Ave.*

FILED

17 PLACE OF BURIAL

Evergreen Cemetery

DATE OF BURIAL

May 17, 1916

18 UNDERTAKER

T. S. Cheney

ADDRESS

1646 Benson Ave

MAY 15 1916

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 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).

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*, *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 Edward B. Lang (NAME)
 the Son (RELATIONSHIP) of deceased. This statement is made to obtain a permit
 for the burial or cremation of the remains of deceased Salvatore Lang

Signature Edward B. Lang

Edward B. Lang

