1 PLACE OF DEATH	STATE OF NEW TORK
Bund I. Departme	ent of Health of The City of New York
BUREAU OF RECORDS	
7 and 2 as	STANDARD CERTIFICATE OF DEATH
No. 1404 and	St. 30
Character of premises,	2210
whether tenement, private,	
hotel, hospital or other place, etc.	Registered No
FULL NAME hay	Cry .
3 SEX 4 COLOR OR RACE 5 SINGLE,	DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED PACKED	Tan. 29 1915
OR DIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	16 I hereby certify that the foregoing partic-
To with adt of flade of here tonione to the transman	ulars (Nos. 1 to 15 inclusive) are correct as near
, 1	as the same can be ascertained, and I further
(Month) (Day) (Year)	2-
7 AGE If LESS than 1 day,hrs.	certify that I have this 30 day of
O) vrs. mos, ds, or min.?	1915, taken charge of the body of deceased
8 OCCUPATION /	found at 790x 3 hs.
(a) Trade, profession, or	and that an inquest thereon is pending.
particular kind of work	the treat are request thereon is percuring.
business or establishment in	rehand deniorend
which employed (or employer)	Coroner.
9 BIRTHPLACE (State or country)	17 I hereby certify that I have viewed said
(State or country) U - S.	body and from Hamisating
(9) How long in (A) U. S. (if of foreign birth) (9) How long resident in City of Naw York	and evidence, that I he died on the W day of
(9) How long in (9) How long resident in City of New York	191, at M., and that
10 NAME OF STATES	the cause of ha death was as follows:
10 NAME OF FATHER William Randers 11 BIRTHPLACE OF FATHER (State or country)	Ing a salliw hosiatdo ad geo tinyon-latend all
11 BIRTHPLACE OF FATHER	Oronia endocarditio
(State or country)	8. No certificate will be accepted which is mutil-
13 MAIDEN NAME OF MOTHER O' CONNO 13 BIRTHPLACE OF MOTHER (State or country)	a se appression of the series
COVID COVID	
13 BIRTHPLACE OF MOTHER	Annual control of the property
	DIM AL TONIA
14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.	601/101/1
	V. VING, NO
Former or \	Coroner's Physician.
usual residence }	18 PLACE OF BURIAL DATE OF BURIAL
	Evergreensen tels 1, 1915
IAN 21 1915	19 UNDERTAKER ADDRESS
FILED JAN	therbythons 697-3 das
	1140000

TO CORONERS AND CORONERS' PHYSICIANS.

The Department of Health may, from time to time, fix and define the time of making, and the form of returns and reports to be made to said department by the coroners of The City of New York, in all cases of post-mortem inquests, or viewing of dead bodies held by them or any of them; and the said coroners are hereby required to conform to the directions of said department in the premises, and it shall be the duty of every coroner at once, and before holding any inquest, upon being called upon to hold an inquest as aforesaid, or notified thereof, to immediately transmit and cause to be delivered to the secretary of said Department of Health, written notice of the fact of such call, in which shall be stated every particular then known to said coroner as to said call, the body, the place where it is and the reported cause of death. If at any time said department, or the sanitary superintendent, shall deem the protection of the public health to demand, it may, as soon as the coroner's jury or physician may have viewed the dead body, and an autopsy thereof shall have been made, provided the coroner deems the same necessary, order the immediate burial of any dead body, or if he or it deems that the public health demands an immediate removal of said body from the place of death to another place for inquest, may likewise, at any time, order said removal, and shall have power to cause said orders to be obeyed and executed.—Sec. 1203, Chap. 466, Laws 1901.

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.

JAN 31 11 00 AM 1915 he Susband of accessed. The statement is made to obtain a permit to

BROOKLYN, H. Y.

Mary Tang THERISTSONS

BY.