

A 4616

14-H 25

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 ManhattanNo. 142 East 18^{1/2} St.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. ApartmentRegistered No. 15197²FULL NAME Oliver Brooks Herford3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)15 DATE OF DEATH July 5, 1935
(Month) (Day) (Year)5A. WIFE } OF Margaret Regan Herford
HUSBAND }
6 DATE OF BIRTH June 2, 1863
(Month) (Day) (Year)7 AGE 71 yrs. 7 mos. 3 ds. If LESS than
1 day, hrs.
or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Author, Artist, Playwright.
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Sheffield, England
(9) How long in (A) U. S. (if of foreign birth) 57 yrs (B) How long resident in City of New York 30 yrs10 NAME OF FATHER Brooks Herford11 BIRTHPLACE OF FATHER (State or country) England12 MAIDEN NAME OF MOTHER Hannah Haukison13 BIRTHPLACE OF MOTHER (State or country) England

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

Home or residence }
- 8th St16 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 June 1934 to July 4, 1935, that I last saw him alive on the 4th day of July 1935, that death occurred on the date stated above at 8 A. M., and that the cause of death was as follows:Gastric Carcinoma
(Cancer of Stomach)duration 1 yrs. 1 mos. ds.Contributory (Secondary) Secondary Anemiaduration yrs. 10 mos. ds.Witness my hand this 5th day of July 1935Signature Richard H. Hoffman M. D.Address 5 East 26th St. NYC.

FILED

17 PLACE OF BURIAL

Cremation at Fresh Pond DATE OF BURIAL July 6, 1935

18 UNDERTAKER

John B. Tideman ADDRESS 207 E. 16 St.MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

PARENTS OF DECEASED

STATE OF NEW YORK, }
CITY OF NEW YORK, } ss.:
COUNTY OF N.Y.

15-197



Margaret Regan Herford 142 East 18th St. N.Y.C. being duly
(Name) (Address)

sworn, deposes and says that I am the wife—husband—mother—father Wife
(State relationship)

of Oliver Brooks Herford who died at
(Name of deceased)
142 East 18th St., N.Y. City on July 5 1935

Deponent further states that the deceased did ~~not~~ express during life his desire to have his remains cremated.

Deponent assumes all responsibility for the cremation of the remains and authorizes John C. Liedeman a Licensed Undertaker, to make arrangements for said disposal.

If deponent is other than wife, husband, mother or father of the deceased, answer these questions: (a) Is deponent the sole surviving relative of equal degree? If answer to (a) is "No," then answer question (b). (b) Has deponent been delegated by all the relatives of equal degree of the deceased to act in the premises?

This affidavit is made for the purpose of inducing the Department of Health to issue a cremation permit, knowing that it will rely thereon.

Sworn to before me this 5th day of July 1935

Margaret Regan Herford

(STAMP OR SEAL)

John C. Liedeman

NOTARY PUBLIC
N. Y. Co. Clerk's No. 68, Reg. No. 6-1184
Commission Expires March 30, 1936

- 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 Margaret Regan Herford (NAME) the wife (RELATIONSHIP) of deceased. This statement is made to obtain a permit for the burial or cremation of the remains of deceased Oliver Brooks Herford

Signature John C. Liedeman
Permit 1056

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

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