

THE BOARD OF THE HEALTH DEPARTMENT OF THE CITY OF BROOKLYN HAS MADE THE FOLLOWING ORDER:

"All permits for the removal of the Body of any deceased person from the City of Brooklyn for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Brooklyn, shall be granted and signed by the Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF RECORDS OF VITAL STATISTICS, within 36 hours after said person's death. [See sec. 9 of Sanitary Code.]

Write Time from Attack till Death opposite EACH CAUSE. If unknown, it should be so stated.

The REMOTE or the COMPLICATING disease should be certified by the Physician when recognized as influencing the chief cause of Death.

NO PERMIT FOR BURIAL WILL BE GRANTED WITHOUT A CERTIFICATE ACCURATELY FILLED OUT.

CERTIFICATE OF DEATH.

10593

1. Full name of the Deceased, (Write legibly and spell correctly.) Ann Leslie
2. Age, 79 years, 10 months, 12 days. Color, White
3. ~~Single, Married, Widow, or Widower.~~ (Cross out the words not required on this line.)
4. Occupation, \_\_\_\_\_
5. Birthplace, Ireland (And how long in the United States, if of foreign birth.)
6. How long resident in this City 24 years
7. Father's Birthplace, (The State or Country.) Ireland
8. Mother's Birthplace, (The State or Country.) Ireland
9. Place of Death, No. 1076 Suffrage Street, 21<sup>st</sup> Ward.
10. Number of Families in House, one

Let these returns be specific.

11. I hereby Certify, That I attended deceased from 1<sup>st</sup> April 1877 to October 28<sup>th</sup> 1877 that I last saw her alive on the 18<sup>th</sup> day of Oct 1877, that she died on the 28 day of Oct 1877, about 3<sup>1/2</sup> o'clock, and that the Cause of her Death was:

FIRST, Rheumatism Chronic Time from Attack till Death.  
about 4 years

SECOND, (Remote and complicating) Valvular disease of Heart

ALL THE ABOVE INFORMATION MUST BE FURNISHED BY THE PHYSICIAN.

Place of Burial, Greenwood

Date of Burial, October 30/77

Undertaker, L. L. ...

Place of Business, 8<sup>th</sup> Broadway

Office of the Health Department, 278 & 280 Washington St.

Signed by George Smith M. D.  
Medical Attendant.

(Address) 115 ...

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