

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH 18929

PLACE OF DEATH
Manhattan

Institution *Metropolitan Hospital*

Registered No. *642*

FULL NAME *Charles W. Jones*

1872

COLOR OR RACE *White*
SINGLE MARRIED, WIDOWED, OR DIVORCED
single
(Write the word)

DATE OF DEATH *June 6*, 1911
(Month) (Day) (Year)

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on *May 17* 1911, that I last saw *him* alive on the *6* day of *June* 1911, that he died on the *6* day of *June* 1911, about *12* clock *A.M.* or *P.M.*, and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Pulmonary tuberculosis -
chronic -
duration yrs. mos. ds.

Contributory (Secondary) duration yrs. mos. ds.

Signature *Wm. Salomon White* M.D.
House *Metropolitan Hospital*

17 I hereby certify that I have this day of *June* 1911, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature *W. H. H.* M.D.
Pathologist
Hospital

18 PLACE OF BURIAL *Lefferts* DATE OF BURIAL *6/12* 1911

19 UNDERTAKER *J. Moeley* ADDRESS *319 W. 25*

AGE *37* yrs. mos. ds. or min.?
If LESS than 1 day hrs. min.?

OCCUPATION *Watchman*
General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE *U.S.*
(State or country)

How long in City of New York (or foreign birth) *Life* (9) How long resident in City of New York *Life*

10 NAME OF FATHER *Ruben*

11 BIRTHPLACE OF FATHER *U.S.*
(State or country)

12 MAIDEN NAME OF MOTHER *Susan Rosewell*

13 BIRTHPLACE OF MOTHER *U.S.*
(State or country)

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

Where or at residence *St. W. bet. 28 & 29 Sts*

Where disease contracted, if not at place of death?