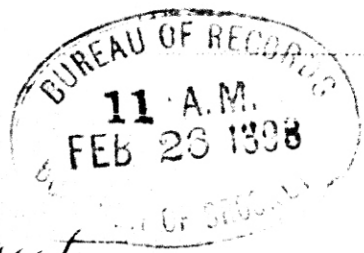


CERTIFICATE OF DEATH.



1-Full Name \* Edward Cranes

2-Age 42 years 6 months 5 days

3-Sex, Male, Female \* 4-White, Colored \*

5-Single, Married, Widow, Widower \*

6-Birthplace U.S.

7-Occupation Merchant

8-If of foreign birth, how long in U. S. — years.

9-How long resident in City — years.

10-Father's birthplace\* U.S.

11-Mother's birthplace\* U.S.

12-Place of Death,\* No. 34 Humboldt St Brooklyn, Ward 16

13-Number of families in house 5

14-On what floor 3

15-I HEREBY CERTIFY that I attended the deceased from Feb 10 1898 to Feb. 23 1898

that I last saw him alive on the 23rd day of Feb. 1898; that he died on the

23rd day of Feb. 1898, about 5 o'clock A.M. or P.M., and that the following was the

16-Cause of Death,\* Time from attack till death.

I. Phthisis Pulmonalis

II.

This Certificate delivered to Mr. Cranes at 8 P.M., February 23 1898.

Signed by May Leary M. D. No. 74 McKeibeen Street or Avenue. Address.

\* See other side for explanations and directions.