

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

CERTIFICATE OF DEATH.

6488

Full Name,* Robert Ferguson

Age, 49 years, 4 months, 3 days.

Sex, Male, Female.* 4.-White, Colored.*

Single, Married, ~~Widow, Widower.~~

Birthplace, Brooklyn N.Y.

7.-Occupation, Gravestone

If of foreign birth, how long in the U. S. _____ years.

9.-How long resident in City, all his life years.

Father's Birthplace,* Ireland

11.-Mother's Birthplace,* Ireland

Place of Death,* No. 687 Green Av. Brooklyn, Ward 23rd

Number of Families in House, one

14.-On what Floor, _____

I HEREBY CERTIFY that I attended the deceased from May 3rd 1894, to _____ 1894

that I last saw him alive on the 3rd day of May 3rd 1894; that he died on the 5th day of May 1894, about 9:30 o'clock A.M. or P.M., and that the following was the

Cause of Death,*	Time from attack till death,
I. <u>Cerebral Apoplexy</u>	<u>Nine hours</u>
II. _____	_____

Certificate delivered to _____ at _____ M., _____ 1894

by George S. Little M. D.,
Medical Attendant.

No. 997 Hancock Street or Avenue.
Address.

See other side for explanations and directions.