

CERTIFICATE OF DEATH.

*Charles Walker*

*35* years, *2* months, *2* days.



Married, *Widow*

*City of Brooklyn* Occupation, *None*

*Germany* Birth, *Germany* in the U. S. *life* years. *life* years. *life* years.

*Germany* Birthplace, *Germany* Mother's Birthplace.

*226 Johnson* Birth, *Brooklyn, Ward 16-14*

*four* Number of Families in House. *Top* Floor.

I HEREBY CERTIFY that I attended the deceased from *Feb 17<sup>th</sup> 1889* to *May 20<sup>th</sup> 1889*

that I first saw *him* alive on the *20<sup>th</sup>* day of *May* 1889; that he died on the

*20* day of *May* 1889, about *9* o'clock, *at* *11* P. M., and that the following was the

cause of death, *Spontaneous Apoplexy* *about one year* *ago*

*Spontaneous Apoplexy* *about one year ago*

Certificate delivered to *Charles Walker* at *104 N. May 21<sup>st</sup> 1889*

by *John L. Cisvith* M. D. N. *23<sup>rd</sup> Summer*

*Medical Attendant.* *Address.*