

1 PLACE OF DEATH

BOROUGH OF Brooklyn

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution Kings County Hospital Registered No. 22102

2 FULL NAME

George Wilson

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married 13 DATE OF DEATH November 28, 1914
(Write the word) (Month) (Day) (Year)

6 DATE OF BIRTH _____ 1 _____
(Month) (Day) (Year)

7 AGE 53 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Clerk (b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) U.S.

(9 A) How long in U. S. (if of foreign birth) life (9 B) How long resident in City of New York life

10 NAME OF FATHER John Wilson

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

12 MAIDEN NAME OF MOTHER Jane Van Winkle

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

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Former or usual residence } 878 Myrtle Ave 2¹

Where was disease contracted, if not at place of death? _____

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 November 27, 1914, that I last saw him alive on the 28 day of November, 1914, that he died on the 28 day of November, 1914, about 11 o'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:
Chronic Pulmonary Tuberculosis
Chronic Myocarditis Syphilis
duration yrs. _____ mos. 1 ds.

Contributory (Secondary) _____ duration yrs. _____ mos. _____ ds.

Witness my hand this 28 day of November, 1914.
Signature M. J. Glase M. D.
House Kings County Hospital

17 I hereby certify that I have this _____ day of _____, 1914, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature _____ M. D.
Pathologist _____ Hospital _____

FILED

18 PLACE OF BURIAL Cypress Hills Cem

DATE OF BURIAL Dec. 1, 1914

19 UNDERTAKER Wm. Hecker
Wm. Kniffen

ADDRESS 800 Rogers Ave