

## HEALTH DEPARTMENT OF THE CITY OF BROOKLYN.

## THE BOARD OF HEALTH OF THE CITY OF BROOKLYN, HAS ORDERED:

The institution or disinterment, or any removal from or to the City of Brooklyn, of the body of any deceased person shall be made without a permit therefor, given by said Board of Health. - Secs. 143, 141 and 147, Sanitary Code.

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate of Death ACCURATELY FILLED OUT, to the Office of the Board of Health, within THIRTY-SIX HOURS after said person's death. - Secs. 152 and 153, Sanitary Code.

All the blanks should be filled in, so far as possible; if the facts are not known, this may be indicated by the word "Unknown."

No Permit for Burial will be granted without a Certificate filled out as required.  
Imperfect Certificates will be returned for correction.

## CERTIFICATE OF DEATH.

4562

1. Full Name <sup>(city, family name, county and parish, if an Indian not named, or city both parents' names, if deceased)</sup> Geo. H. E. Fletcher  
 2. Age 34 years, 1 month, 27 days. Color White  
 3. Single Married, Widower or Widow. <sup>(Cross out the words not resulted in this case.)</sup> 4. Occupation Not a Trade Lawyer  
 5. Birthplace Brooklyn <sup>(State or Country.)</sup> Brooklyn <sup>(Date born in the United States, if of foreign birth.)</sup>  
 6. How long resident in this City since birth  
 7. Father's Birthplace N. H. <sup>(State or Country.)</sup>  
 8. Mother's Birthplace N. Y. <sup>(State or Country.)</sup>  
 9. Place of Death, <sup>(If an institution, please state the name.)</sup> No. 89 6th 000 Street, 22 Ward. <sup>REGISTRARS OFFICE</sup>  
 10. Number of families in house, one 11. What Floor 1st  
 12. I hereby Certify, that I attended deceased from June 12 1879 to June 17 1879, that I last saw him alive on the 17 day of June 1879, that he died on the 17 day of June 1879, about 3 o'clock, A. M. or P. M., and that the following was

The Cause of Death:

Time from Attack till Death: If unknown, so state.

I. Acute Catarrh of the Bladder  
 \* II. Uterine

about one year.

207 All the above information should be furnished by the Physician.

Signed by

Place of Death Brooklyn  
 Date of Death June 20<sup>th</sup> 1879  
 Undertaker Jas. McFarland  
 Place of Burial 452 Fulton St. Address, 307 Amsterdam St.  
 Registrar William Howard M. D.  
 Medical Director

\* I. Name, residence, Principal, or most influential business of Deceased. - If an orphan, his name, please so state.

II. A. Name, residence, mode of cause, manner and duration, of Natural Cause, or the Master of Death, or the Cause of Death, as stated in the Sanitary Code, Section 152, and in the Sanitary Code, Section 153.