

THE BOARD OF THE HEALTH DEPARTMENT OF THE CITY OF BROOKLYN HAS MADE THE FOLLOWING ORDER:

"All permits for the removal of the Body of any deceased person from the City of Brooklyn for Interment, and all Burial Permits, and Permits for the Distastment of the remains of deceased persons in the City of Brooklyn, shall be granted and signed by the Registrar of Records."

"The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF RECORDS OF VITAL STATISTICS, within 36 Hours after said person's death. (See Sec. 9 of Sanitary Code.)"

Write Time from Attack till Death opposite EACH CAUSE. If unknown, it should be so stated. THE REMOTE or the COMPLICATING disease should be certified by the Physician when recognized as influencing the chief cause of Death.

NO PERMIT FOR BURIAL WILL BE GRANTED WITHOUT A CERTIFICATE ACCURATELY FILLED OUT.

CERTIFICATE OF DEATH.

2875

1. Full name of the Deceased, (Write legibly (and spell correctly).) *Charles S. Mills*
2. Age, *29* years, *7* months, _____ days. Color, *white*
3. *Single*, Married, *Widow*, or *Widower*. (From out the words not required on this line.) _____
4. Occupation, *Clerk*
5. Birthplace, *U.S.* (And how long in the United States, if of foreign birth.) _____
6. How long resident in this City, *Since birth*
7. Father's Birthplace, (The State or Country.) *England*
8. Mother's Birthplace, (The State or Country.) *U.S.*
9. Place of Death, No. *390 Nth 2nd* Street, *15th* Ward.
10. Number of Families in House, *one*
11. I **Hereby** Certify, That I attended deceased from *Dec 3* 187*3* to *April 9* 1874 that I last saw him alive on the *9* day of *April* 1874; that he died on the *9* day of *April* 1874, about *5* o'clock, ^{*pm*} and that the Cause of his Death was:

Let these returns be specific.

FIRST, *Apoplexy*

SECOND, (Remote and complicating,) *Pulmonary Tuberculosis*

ALL THE ABOVE INFORMATION MUST BE FURNISHED BY THE PHYSICIAN.

Time from Attack till Death.

Place of Burial, *Cypress Hill* Signed by _____

Date of Burial, *April 12, 1874* by _____ M. D.,

Undertaker, *John Snyder* Medical Attendant.

Place of Business, *409 Grand St* (Address,) *496* _____

Office of the Health Department, 278 & 280 Washington St.

(OVER.)