

The Health Department of the City of New York

HAS MADE THE FOLLOWING ORDER:

That all Physicians, in the removal of the body of any deceased person from the City of New York for interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of New York, shall be granted and signed by the Registrar of Records.

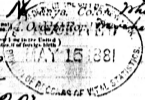
That the Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Board of Vital Statistics, within **36 HOURS** after said person's death. (Sec. 161 of Sanitary Code.)

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All physicians practicing in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics. (Sec. 5 of Sanitary Code.)

CERTIFICATE OF DEATH. 382576

1. Full Name of Deceased, (Write fully and spell correctly. If an infant not named, give father's name.) **Mason Mortimer Rogers**
2. Age, **34** years, **6** months, **16** days, **White**
3. Single, Married, Widowed, or Divorced, **Married** (If more than one wife, give name of last wife.) **Elizabeth**
4. Residence (State of New York) **Brooklyn N.Y.** (If not in New York, State of)
5. How long resident in this city, **30 years** (If not in New York, State of)
6. Father's Birthplace, (State of) **New York**
7. Mother's Birthplace, (State of) **Ohio**
8. Place of Death, (If an institution, give name) **359 W 20th Street, 16th Ward**



10. He Dwelling, by how many families, living separately, occupied **1** Floor **2nd**

11. I Herby Certify that I attended deceased from **Jan 4th 1880** to **May 11th 1881** that I last saw him alive on the **11th** day of **May** 1881, that he died on the **13th** day of **May** 1881, about **4** o'clock, A. M. and that the cause of his death was

Time from Attack till Death: **Four years ago**

(Write approximate hours - if attacks it should be marked)

First (Primary) **Pneumonia**

Second (Immediate)

NOTE: All the above information should be furnished by the Physician.

Witnessed by **Walterford Com.** **Geo B Fowler** M.D. **Medical Attendant**

May 15, 1881

Witnessed by **Steph Keulewitz** **310 5th Ave. Address 11 W 45th St**

Room for granting Burial Permits, No. 48. Hours from 7 A. M. to 6 P. M. on week days; from 9 A. M. to 5 P. M. on Sundays.

Law regulating Coroner's inquests in the County of New York, Chapter 465, Laws of 1871.

THE BOARD OF HEALTH, when in the discharge of its duties, is authorized to require any person who is engaged in any business, profession, or occupation, or who is in any way connected with the health of the community, to furnish it with such information as it may require, and to examine the same, and to take such measures as it may deem proper to prevent the spread of any contagious or infectious disease, and to enforce the same, and to punish any person who shall refuse to comply with its orders, or who shall obstruct or hinder it in the execution of its duties.