

CERTIFICATE AND RECORD OF DEATH

21159

OF  
*Margaret Flood*

Sex <i>Female</i>	Color <i>White</i>	Place of Death <i>1329 Rogers Ave.</i>
Age <i>40</i> Yrs. <i>4</i> Mos. <i>15</i> Days	Character of premises, whether tenement, private, etc., if hotel, hospital or other institution, state full title <i>Private house</i>	
Single, Married, Widowed or Divorced <i>Married</i>	Father's Name <i>Andrew McGowan</i>	
Occupation <i>Housewife</i>	Father's Birthplace <i>Ireland</i>	
Birthplace <i>Ireland</i>	Mother's Maiden Name <i>Maggie Roulett</i>	
How long in U.S. (if of foreign birth) <i>24 years</i>	Mother's Birthplace <i>Ireland</i>	
How long resident in City of New York <i>24 years</i>		

I hereby certify that I attended deceased from *July* 1908, to *Nov. 15<sup>th</sup>* 1909, that I last saw *her* alive on the *15<sup>th</sup>* day of *Nov.* 1909, that *she* died on the *16<sup>th</sup>* day of *Nov.* 1909, about *5* o'clock A. M., or P. M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

*Pulmonary Tuberculosis*

**SPECIAL INFORMATION**  
required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } \_\_\_\_\_  
How long resident } \_\_\_\_\_  
at place of death } \_\_\_\_\_

Witness my hand this *16<sup>th</sup>* day of *November* 1909  
(Signature) *Geo. J. Ogden M.D.*  
(Residence) *641 E. 28 St.*

Place of Burial Holy Cross  
 Date of Burial Nov 18 09  
 Undertaker J. M. Gunn  
 Place of Business 1746 Fulton St

N. B.—A certificate of death is a document of great importance. More than 25,000 copies of such certificates are issued annually from this office for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given correctly, legibly, and as fully as possible.

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### TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 86 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him forthwith (Sanitary Code, Sections 185 and 161).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 160).

3. If a person dies from criminal violence or by a casualty, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1778, Laws of 1893).

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hæmorrhage,	Miscarriage,	Tetanus.
Gangrene,	Necrosis,	

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "Heart failure," "Dropsy," or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

### TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.