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## NEW YORK STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

## RECORD OF DEATHS

NLM

## CHAPTER 661 OF LAWS OF 1893.

SECTION 23. \* \* \* \* \* Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. \* \* \* \* \*

## CHAPTER 138 OF LAWS OF 1897.

SECTION 22. \* \* \* \* \* The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such \* \* \* death \* \* \* occurred.

The undertaker should secure the complete filling out of the last portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

No permit shall be issued by the local board of health or its representatives for the burial or removal of a corpse until the certificate or affidavit has been presented and is properly and correctly filled out.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

Ink must be used in filling out certificates. Use great care in writing proper names, dates and places.



REPORT OF DEATH

Full Name of Deceased, .....

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|        |         |       |

Age .....

Sex .....

Single, Married, Widowed or Divorced, .....

Occupation, .....

Birthplace, ..... (State or Country) .....

Color, .....

Father's Name, .....

Father's Birthplace, .....

Mother's Name, .....

Mother's Birthplace, .....

Place of Death, .....

|        |         |       |  |        |         |       |
|--------|---------|-------|--|--------|---------|-------|
| Years. | Months. | Days. | How long in the United States if foreign born. | Years. | Months. | Days. |
|        |         |       |  |        |         |       |

How long a Resident here, .....

Date of Death, .....

Reported by .....

Date, .....

Chief Cause of Death, .....

Certified by ....., M. D.

*Medical Attendant.*

Buried at .....

By ....., Undertaker.

Residence, .....

This stub will not be received as a certificate of death.

County of ..... STATE OF NEW YORK—BUREAU OF VITAL STATISTICS  
 Town of .....  
 Village of .....  
 City of .....

Certificate and Record of Death

Registered No. ....

Full Name of Deceased, .....  
 (If an infant not named give family name.)

I hereby certify that I attended deceased from ..... 190... to ..... 190...  
 that I last saw ..... alive on the ..... day of ..... 190..., that ..... died  
 on the ..... day of ..... 190..., about ..... o'clock A. M. or P. M., and  
 that to best of my knowledge and belief, the cause of ..... death was as hereunder written.

Duration of Disease

Chief Cause, .....

Contributing cause, .....

Sanitary Observations, .....

Witness my hand this ..... day of ..... 190...  
 (SIGNATURE),

Place of Burial, .....

Date of Burial, ..... M. D.

Undertaker, ..... RESIDENCE, .....

Residence, .....

|  |        |                                     |                       |  |
|--|--------|-------------------------------------|-----------------------|--|
| Date of Death.                               | Year.  | Month.                              | Day.                  | Place of Death.                              |
| Age, in years, mos. and days.                |        |                                     |                       | How long Resident here.                      |
| Sex.   |        |                                     |                       | If in an Institution give name and location. |
| Color.<br>[Strike out words not applicable.] | White. | Black, [Negro or mixed.]<br>Indian. | Japanese.<br>Chinese. | How long an Inmate.                          |
| Single, Married, Widowed or Divorced.        |        |                                     |                       | Previous Residence.                          |
| Occupation.                                  |        |                                     |                       | Father's Name.                               |
| Birthplace.                                  |        |                                     |                       | [State or Country]                           |
| How long in U. S. if foreign born.           |        |                                     |                       | Mother's Name.                               |
|  |        |                                     |                       | [State or Country.]                          |

FILL OUT WITH INK AND WRITE PLAINLY  
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

REPORT OF DEATH

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. \* \* \* \* \* Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. \* \* \* \* \* The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such \* \* \* death \* \* \* occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

NO INK TO BE USED IN FILLING OUT THIS FORM

|                        |  |                      |  |                         |  |                        |  |
|------------------------|--|----------------------|--|-------------------------|--|------------------------|--|
| Name of Deceased       |  | Sex                  |  | Age                     |  | Date of Death          |  |
| Place of Birth         |  | Color                |  | Marital Status          |  | Cause of Death         |  |
| Occupation             |  | Education            |  | Religion                |  | Place of Burial        |  |
| Name of Physician      |  | Name of Undertaker   |  | Name of Coroner         |  | Name of Registrar      |  |
| Signature of Registrar |  | Signature of Coroner |  | Signature of Undertaker |  | Signature of Physician |  |

REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|--------|---------|-------|

Age \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country) \_\_\_\_\_

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

|        |         |       |  |        |         |       |
|--------|---------|-------|--|--------|---------|-------|
| Years. | Months. | Days. | How long in the United States if foreign born. | Years. | Months. | Days. |
|        |         |       |  |        |         |       |

How long a Resident here, \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_

Certified by \_\_\_\_\_, M. D.

*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

This stub will not be received as a certificate of death.

Town of \_\_\_\_\_

Certificate and Record of Death

Registered No. \_\_\_\_\_

Village of \_\_\_\_\_

City of \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_

(If an infant not named give family name.) \_\_\_\_\_

I hereby certify that I attended deceased from \_\_\_\_\_ 190\_\_\_\_\_ to \_\_\_\_\_ 190\_\_\_\_\_ that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_, that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_, about \_\_\_\_\_ o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Duration of Disease \_\_\_\_\_

Chief Cause, \_\_\_\_\_

Contributing cause, \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_

(SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_

M. D.

Undertaker, \_\_\_\_\_

RESIDENCE, \_\_\_\_\_

Residence, \_\_\_\_\_

|  |  |        |      |  |
|--|--|--------|------|--|
| Date of Death.                               | Year.  | Month. | Day. | Place of Death.                              |
| Age, in years, mos. and days.                |  |        |      | How long Resident here.                      |
| Sex.   |  |        |      | If in an Institution give name and location. |
| Color.<br>[Strike out words not applicable.] | White.<br>Black, [Negro or mixed.]<br>Indian.<br>Japanese.<br>Chinese. |        |      | How long an Inmate.                          |
| Single, Married, Widowed or Divorced.        |  |        |      | Previous Residence.                          |
| Occupation.                                  |  |        |      | Father's Name.                               |
| Birthplace.                                  |  |        |      | [State or Country]                           |
| How long in U. S. if foreign born.           |  |        |      | Mother's Name.                               |
|  |  |        |      | [State or Country.]                          |

FILL OUT WITH INK AND WRITE PLAINLY  
MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. \* \* \* \* \* Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. \* \* \* \* \* The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such \* \* \* death \* \* \* occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

☞ This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

REPORT OF DEATH

|                        |  |                         |  |                        |  |
|------------------------|--|-------------------------|--|------------------------|--|
| Name of Deceased       |  | Sex                     |  | Age                    |  |
| Date of Death          |  | Place of Death          |  | Cause of Death         |  |
| Name of Physician      |  | Name of Undertaker      |  | Name of Coroner        |  |
| Signature of Physician |  | Signature of Undertaker |  | Signature of Coroner   |  |
| Date of Report         |  | Name of Registrar       |  | Signature of Registrar |  |

# REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|        |         |       |

Age \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country) \_\_\_\_\_

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

|        |         |       |  |        |         |       |
|--------|---------|-------|--|--------|---------|-------|
| Years. | Months. | Days. | How long in the United States if foreign born. | Years. | Months. | Days. |
|        |         |       |  |        |         |       |

How long a Resident here, \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_

Certified by \_\_\_\_\_, M. D.

*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

This stub will not be received as a certificate of death.

Town of \_\_\_\_\_

Village of \_\_\_\_\_

City of \_\_\_\_\_

# Certificate and Record of Death

Registered No. \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_  
(If an infant not named give family name.)

I hereby certify that I attended deceased from \_\_\_\_\_ 190\_\_ to \_\_\_\_\_ 190\_\_ that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_, that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_, about \_\_\_\_\_ o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Chief Cause, \_\_\_\_\_

Contributing cause, \_\_\_\_\_

Duration of Disease \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_

(SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_ M. D.

Undertaker, \_\_\_\_\_ RESIDENCE, \_\_\_\_\_

Residence, \_\_\_\_\_

|  |  |        |      |  |
|--|--|--------|------|--|
| Date of Death.                               | Year.  | Month. | Day. | Place of Death.                              |
| Age, in years, mos. and days.                |  |        |      | How long Resident here.                      |
| Sex.   |  |        |      | If in an Institution give name and location. |
| Color.<br>[Strike out words not applicable.] | White.<br>Black, [Negro or mixed.]<br>Indian.<br>Japanese.<br>Chinese. |        |      | How long an Inmate.                          |
| Single, Married, Widowed or Divorced.        |  |        |      | Previous Residence.                          |
| Occupation.                                  |  |        |      | Father's Name.                               |
| Birthplace.                                  |  |        |      | Father's Birthplace.                         |
| How long in U. S. if foreign born.           |  |        |      | Mother's Name.                               |
|  |  |        |      | Mother's Birthplace.                         |

FILL OUT WITH INK AND WRITE PLAINLY  
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

[State or Country.]

[State or Country.]

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. \* \* \* \* \* Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

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The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

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☞ This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

REPORT OF DEATH

|                       |  |                        |  |                        |  |
|-----------------------|--|------------------------|--|------------------------|--|
| Date of Death         |  | Place of Death         |  | Age at Death           |  |
| Time of Death         |  | Cause of Death         |  | Manner of Death        |  |
| Sex                   |  | Color                  |  | Race                   |  |
| Occupation            |  | Education              |  | Religion               |  |
| Marital Status        |  | Usual Residence        |  | Place of Birth         |  |
| Date of Birth         |  | Date of Marriage       |  | Date of Immigration    |  |
| Name of Deceased      |  | Name of Informant      |  | Signature of Informant |  |
| Address of Deceased   |  | Address of Informant   |  | Signature of Registrar |  |
| Full Name of Deceased |  | Full Name of Informant |  | Signature of Registrar |  |



REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|        |         |       |

Age \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country) \_\_\_\_\_

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

|        |         |       |  |        |         |       |
|--------|---------|-------|--|--------|---------|-------|
| Years. | Months. | Days. | How long in the United States if foreign born. | Years. | Months. | Days. |
|        |         |       |  |        |         |       |

How long a Resident here, \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_

Certified by \_\_\_\_\_, M. D.

*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

This stub will not be received as a certificate of death.

Town of \_\_\_\_\_

Village of \_\_\_\_\_

City of \_\_\_\_\_

Certificate and Record of Death

Registered No. \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_

(If an infant not named give family name.) \_\_\_\_\_

I hereby certify that I attended deceased from \_\_\_\_\_ 190... to \_\_\_\_\_ 190... that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190..., that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 190..., about \_\_\_\_\_ o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Chief Cause, \_\_\_\_\_

Contributing cause, \_\_\_\_\_

Duration of Disease \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190...

(SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_

M. D.

Undertaker, \_\_\_\_\_

RESIDENCE,

Residence, \_\_\_\_\_

|  |  |        |      |  |
|--|--|--------|------|--|
| Date of Death.                               | Year.  | Month. | Day. | Place of Death.                              |
| Age, in years, mos. and days.                |  |        |      | How long Resident here.                      |
| Sex.   |  |        |      | If in an Institution give name and location. |
| Color.<br>[Strike out words not applicable.] | White.<br>Black, [Negro or mixed.]<br>Indian.<br>Japanese.<br>Chinese. |        |      | How long an Inmate.                          |
| Single, Married, Widowed or Divorced.        |  |        |      | Previous Residence.                          |
| Occupation.                                  |  |        |      | Father's Name.                               |
| Birthplace.                                  |  |        |      | Father's Birthplace.                         |
| How long in U. S. if foreign born.           |  |        |      | Mother's Name.                               |
|  |  |        |      | Mother's Birthplace.                         |

FILL OUT WITH INK AND WRITE PLAINLY  
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

[State or Country.]

[State or Country.]

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The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

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This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

REPORT OF DEATH

Form for reporting a death, including fields for Name of Deceased, Sex, Age, Date of Birth, Date of Death, Cause of Death, and Registrar's Name.

NO INTELLECTUAL PROPERTY RIGHTS RESERVED FOR THIS WORK

REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|        |         |       |

Age \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country)

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

|        |         |       |   |        |         |       |
|--------|---------|-------|---|--------|---------|-------|
| Years. | Months. | Days. | How long in the United States if foreign born | Years. | Months. | Days. |
|        |         |       |   |        |         |       |

How long a Resident here, \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_


Certified by \_\_\_\_\_, M. D.

*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

 This stub will not be received as a certificate of death.

County of \_\_\_\_\_ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS  
 Town of \_\_\_\_\_  
 Village of \_\_\_\_\_  
 City of \_\_\_\_\_

Certificate and Record of Death

Registered No. \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_  
 (If an infant not named give family name.)

I hereby certify that I attended deceased from \_\_\_\_\_ 190\_\_ to \_\_\_\_\_ 190\_\_  
 that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_, that \_\_\_\_\_ died  
 on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_, about \_\_\_\_\_ o'clock A. M. or P. M., and  
 that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Chief Cause, \_\_\_\_\_

Contributing cause, \_\_\_\_\_

Duration of Disease \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_

(SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_ M. D.

Undertaker, \_\_\_\_\_ RESIDENCE, \_\_\_\_\_

Residence, \_\_\_\_\_

|  |  |        |      |  |
|--|--|--------|------|--|
| Date of Death.                               | Year.  | Month. | Day. | Place of Death.                              |
| Age, in years, mos. and days.                |  |        |      | How long Resident here.                      |
| Sex.   |  |        |      | If in an Institution give name and location. |
| Color.<br>[Strike out words not applicable.] | White.<br>Black, [Negro or mixed.]<br>Indian.<br>Japanese.<br>Chinese. |        |      | How long an Inmate.                          |
| Single, Married, Widowed or Divorced.        |  |        |      | Previous Residence.                          |
| Occupation.                                  |  |        |      | Father's Name.                               |
| Birthplace.                                  |  |        |      | Father's Birthplace. [State or Country.]     |
| How long in U. S. if foreign born.           |  |        |      | Mother's Name.                               |
|  |  |        |      | Mother's Birthplace. [State or Country.]     |

NO MUTILATED CERTIFICATE WILL BE RECEIVED  
 MARGIN RESERVED FOR BINDING  
 FILL OUT WITH INK AND WRITE PLAINLY

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. \* \* \* \* \* Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. \* \* \* \* \* The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such \* \* \* death \* \* \* occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

NO UNREGISTERED DEATHS TO BE RECORDED

MUNICIPALITY TO BE FILLED IN WITH INK AND MADE LEGIBLE

STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

## REPORT OF DEATH

Full Name of Deceased \_\_\_\_\_

|           |           |            |             |
|-----------|-----------|------------|-------------|
| Age _____ | Sex _____ | Race _____ | Color _____ |
|-----------|-----------|------------|-------------|

Place of Birth \_\_\_\_\_

Married \_\_\_\_\_

Single \_\_\_\_\_

Widow \_\_\_\_\_

Divorced \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birthplace \_\_\_\_\_

Child's Sex \_\_\_\_\_

Child's Age \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

|                     |                     |                      |                      |
|---------------------|---------------------|----------------------|----------------------|
| Date of Death _____ | Time of Death _____ | Place of Death _____ | Cause of Death _____ |
|---------------------|---------------------|----------------------|----------------------|

How long a Resident here \_\_\_\_\_

Date of Death \_\_\_\_\_

Reported by \_\_\_\_\_

Date \_\_\_\_\_

Chief Cause of Death \_\_\_\_\_

Medical Attendant \_\_\_\_\_

Physician \_\_\_\_\_

Underwriter \_\_\_\_\_

Residence \_\_\_\_\_

This report will not be accepted as a certificate of death.

REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

Age 

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|--------|---------|-------|

 \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country) \_\_\_\_\_

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

How long a Resident here, 

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|--------|---------|-------|

|   |        |         |       |
|---|--------|---------|-------|
| How long in the United States if foreign born | Years. | Months. | Days. |
|---|--------|---------|-------|

 \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_

Certified by \_\_\_\_\_, M. D.  
*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

This stub will not be received as a certificate of death.

Town of \_\_\_\_\_

Village of \_\_\_\_\_

City of \_\_\_\_\_

Certificate and Record of Death

Registered No. \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_

(If an infant not named give family name.)

I hereby certify that I attended deceased from \_\_\_\_\_ 190... to \_\_\_\_\_ 190... that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190..., that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 190..., about \_\_\_\_\_ o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Chief Cause, \_\_\_\_\_

Contributing cause, \_\_\_\_\_

Duration of Disease \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190...

(SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_

M. D.

Undertaker, \_\_\_\_\_

RESIDENCE,

Residence, \_\_\_\_\_

|  |        |                          |          |  |                     |
|--|--------|--------------------------|----------|--|---------------------|
| Date of Death.                               | Year.  | Month.                   | Day.     | Place of Death.                              |                     |
| Age, in years, mos. and days.                |        |                          |          | How long Resident here.                      |                     |
| Sex.   |        |                          |          | If in an Institution give name and location. |                     |
| Color.<br>[Strike out words not applicable.] | White. | Black, [Negro or mixed.] | Indian.  | How long an Inmate.                          |                     |
|  |        | Japanese.                | Chinese. | Previous Residence.                          |                     |
| Single, Married, Widowed or Divorced.        |        |                          |          | Father's Name.                               |                     |
| Occupation.                                  |        |                          |          | Father's Birthplace.                         | [State or Country:] |
| Birthplace.                                  |        |                          |          | Mother's Name.                               |                     |
| How long in U. S. if foreign born.           |        |                          |          | Mother's Birthplace.                         | [State or Country.] |

FILL OUT WITH INK AND WRITE PLAINLY  
MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. \* \* \* \* \* Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. \* \* \* \* \* The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such \* \* \* death \* \* \* occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

REPORT OF DEATH

|                        |  |                      |  |                        |  |
|------------------------|--|----------------------|--|------------------------|--|
| Name of Deceased       |  | Sex                  |  | Age                    |  |
| Date of Death          |  | Time of Death        |  | Place of Death         |  |
| Cause of Death         |  | Probable Cause       |  | Manner of Death        |  |
| Signature of Physician |  | Signature of Coroner |  | Signature of Registrar |  |
| Date of Report         |  | Time of Report       |  | Place of Report        |  |

REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

Age 

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|        |         |       |

 \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country)

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

How long a Resident here, 

|        |         |       |  |
|--------|---------|-------|--|
| Years. | Months. | Days. | How long in the United States if foreign born. |
|        |         |       |  |

 \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_

Certified by \_\_\_\_\_, M. D.  
*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

This stub will not be received as a certificate of death.

County of \_\_\_\_\_ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS  
 Town of \_\_\_\_\_  
 Village of \_\_\_\_\_  
 City of \_\_\_\_\_

Certificate and Record of Death

Registered No. \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_  
 (If an infant not named give family name.)

I hereby certify that I attended deceased from \_\_\_\_\_ 190\_\_\_\_ to \_\_\_\_\_ 190\_\_\_\_  
 that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_, that \_\_\_\_\_ died  
 on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_, about \_\_\_\_\_ o'clock A. M. or P. M., and  
 that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Chief Cause, \_\_\_\_\_

Contributing cause, \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_  
 (SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_ M. D.

Undertaker, \_\_\_\_\_ RESIDENCE, \_\_\_\_\_

Residence, \_\_\_\_\_

|  |        |                          |          |  |                     |
|--|--------|--------------------------|----------|--|---------------------|
| Date of Death.                               | Year.  | Month.                   | Day.     | Place of Death.                              |                     |
| Age, in years, mos. and days.                |        |                          |          | How long Resident here.                      |                     |
| Sex.   |        |                          |          | If in an Institution give name and location. |                     |
| Color.<br>[Strike out words not applicable.] | White. | Black, [Negro or mixed.] | Indian.  | How long an Inmate.                          |                     |
|  |        | Japanese.                | Chinese. | Previous Residence.                          |                     |
| Single, Married, Widowed or Divorced.        |        |                          |          | Father's Name.                               |                     |
| Occupation.                                  |        |                          |          | Father's Birthplace.                         | [State or Country.] |
| Birthplace.                                  |        |                          |          | Mother's Name.                               |                     |
| How long in U. S. if foreign born.           |        |                          |          | Mother's Birthplace.                         | [State or Country.] |

FILL OUT WITH INK AND WRITE PLAINLY  
 MARGIN RESERVED FOR BINDING  
 NO MUTILATED CERTIFICATE WILL BE RECEIVED

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NO INFORMATION TO BE RELEASED FOR BIDDING

REPORT OF DEATH

Form for reporting a death, including fields for name, age, sex, cause of death, and registrar information.



REPORT OF DEATH

Full Name of Deceased, \_\_\_\_\_

|        |         |       |
|--------|---------|-------|
| Years. | Months. | Days. |
|        |         |       |

Age \_\_\_\_\_

Sex \_\_\_\_\_

Single, Married, Widowed or Divorced, \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, \_\_\_\_\_ (State or Country) \_\_\_\_\_

Color, \_\_\_\_\_

Father's Name, \_\_\_\_\_

Father's Birthplace, \_\_\_\_\_

Mother's Name, \_\_\_\_\_

Mother's Birthplace, \_\_\_\_\_

Place of Death, \_\_\_\_\_

|        |         |       |  |        |         |       |
|--------|---------|-------|--|--------|---------|-------|
| Years. | Months. | Days. | How long in the United States if foreign born. | Years. | Months. | Days. |
|        |         |       |  |        |         |       |

How long a Resident here, \_\_\_\_\_

Date of Death, \_\_\_\_\_

Reported by \_\_\_\_\_

Date, \_\_\_\_\_

Chief Cause of Death, \_\_\_\_\_


Certified by \_\_\_\_\_, M. D.

*Medical Attendant.*

Buried at \_\_\_\_\_

By \_\_\_\_\_, Undertaker.

Residence, \_\_\_\_\_

 This stub will not be received as a certificate of death.

County of \_\_\_\_\_ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS  
 Town of \_\_\_\_\_  
 Village of \_\_\_\_\_  
 City of \_\_\_\_\_  
**Certificate and Record of Death** Registered No. \_\_\_\_\_

Full Name of Deceased, \_\_\_\_\_  
 (If an infant not named give family name.) \_\_\_\_\_

I hereby certify that I attended deceased from \_\_\_\_\_ 190\_\_ to \_\_\_\_\_ 190\_\_  
 that I last saw \_\_\_\_\_ alive on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_, that \_\_\_\_\_ died  
 on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_, about \_\_\_\_\_ o'clock A. M. or P. M., and  
 that to best of my knowledge and belief, the cause of \_\_\_\_\_ death was as hereunder written.

Chief Cause, \_\_\_\_\_  
 Contributing cause, \_\_\_\_\_

Sanitary Observations, \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_

(SIGNATURE),

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_ M. D.

Undertaker, \_\_\_\_\_ RESIDENCE, \_\_\_\_\_

Residence, \_\_\_\_\_

|  |        |                          |          |  |
|--|--------|--------------------------|----------|--|
| Date of Death.                               | Year.  | Month.                   | Day.     | Place of Death.                              |
| Age, in years, mos. and days.                |        |                          |          | How long Resident here.                      |
| Sex.   |        |                          |          | If in an Institution give name and location. |
| Color.<br>[Strike out words not applicable.] | White. | Black, [Negro or mixed.] | Indian.  | How long an Inmate.                          |
|  |        | Japanese.                | Chinese. | Previous Residence.                          |
| Single, Married, Widowed or Divorced.        |        |                          |          | Father's Name.                               |
| Occupation.                                  |        |                          |          | Father's Birthplace.                         |
| Birthplace.                                  |        |                          |          | [State or Country.]                          |
| How long in U. S. if foreign born.           |        |                          |          | Mother's Name.                               |
|  |        |                          |          | Mother's Birthplace.                         |
|  |        |                          |          | [State or Country.]                          |

NO MUTILATED CERTIFICATE WILL BE RECEIVED  
 MARGIN RESERVED FOR BINDING  
 FILL OUT WITH INK AND WRITE PLAINLY

CHAPTER 661 OF LAWS OF 1893.

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REPORT OF DEATH

|                        |  |                         |  |                        |  |
|------------------------|--|-------------------------|--|------------------------|--|
| Name of Deceased       |  | Sex                     |  | Age                    |  |
| Date of Death          |  | Place of Death          |  | Cause of Death         |  |
| Name of Physician      |  | Name of Undertaker      |  | Name of Registrar      |  |
| Signature of Registrar |  | Signature of Undertaker |  | Signature of Physician |  |



