

The Health Department of the City of New York

HAS MADE THE FOLLOWING ORDER: 4879

"All Permits for 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 Register of Records." 395149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, 395149
 out, to the BUREAU 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 practising 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

1. Full Name of Deceased, John D. Dorner
Write legibly and spell correctly. If an infant not named, give parents' names.
2. Age, 30 years, _____ months, _____ days, Color, _____
3. ~~Single, Married, Widow or Widower,~~ (Cross out the words not required in this line.) 4. Occupation, Clerk
5. Birthplace, (State or Country.) Ill (How long in the United States, if of foreign birth.) 14 yrs
6. How long resident in this city, 1st yr
7. Father's Birthplace, (State or Country.) Ill
8. Mother's Birthplace, (State or Country.) Ill
9. Place of Death, (Please state the name of the Institution, No. Bellevue Hosp
 E 36 Street, 21 Ward
10. Residence before admission into the Institution (Name of Street & No. of House.) 241 E 31st
11. I Herewith Certify, that I attended deceased from July 5 1887 to Sept 1 1887
 that I last saw him alive on the 1 day of Sept 1887, that he died on the 1
 day of Sept 1887, about 5:35 o'clock, A. M. or P. M. and that the Cause of
 death was:

First (Primary), † Cancer of Stomach
 Second (Immediate), Exhaustion

Time from Attack till Death:
 (Write opposite each cause—if unknown it should be so stated.)

All the above information should be furnished by the Physician.

Place of Burial, _____
 Date of Burial, _____
 { Undertaker, _____
 { Place of Business, _____

Signed by H. Blodget, M.D.
 Medical Attendant.
 Address, Bellevue Hosp

Room for granting Burial Permits, No. 43. Hours from 7 A. M. to 6 P. M. on week days; from 8 A. M. to 5 P. M. on Sundays.

* By 1st floor is meant the floor immediately above or on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.
 † Please examine the list of diseases printed on the back of this certificate. †

Law regulating Coroners' inquests in the County of New York, Chapter 462, Laws of 1871.

SECTION 1.—Hereafter, when in the City and County of New York, any person shall die from criminal violence, or by a casualty, or suddenly, when in apparent