

The special attention of Physicians is respectfully invited to the remarks below, and to the list of Diseases upon the Back of this Certificate.

THE HEALTH DEPARTMENT OF THE CITY OF NEW YORK

Has made the following Order:

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.

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 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 Sanit. Code.)

STATE OF NEW YORK.

No. of corresponding Entry in Register of Deaths to be inserted here by the Registrar.
562760
8090

CITY OF NEW YORK.

CERTIFICATE OF DEATH, IN THE CITY OF NEW YORK.

- Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give parents' names. } Thomas Lane **562760**
- Age, 57 years, _____ months, _____ days. Color (Race, if other than the white.) _____
- Single, Married, Widowed or Widower. (Cross out the words not required in this line.) Married 4. Occupation, Farmer
- Birthplace (State or Country.) Ireland (How long in the United States, if of foreign birth.) 10 yrs.
- How long Resident in this City, 10 yrs.
- Father's Birthplace, (State or Country.) Ireland Father's Name, Thomas Lane
- Mother's Birthplace, (State or Country.) " Mother's Name, Ellen Lane
- Place of Death, (If an Institution, please state the name.) No. 1848, 3rd Ave. Street 12th Ward 3rd
- If a Dwelling, by how many families, living separately, occupied, 6 families Floor* 3rd.
 (Signature and residence of Reporter.) J. J. Lane

11. I Hereby Certify, that I attended deceased from May 4th 1886 to May 8th 1886 that I last saw him alive on the 8th day of May 1886, that he died on the 8th day of May 1886, about 7:40 o'clock, A.M. or P.M., and that, to the best of my knowledge and belief, the Cause of his death was as hereunder written:

Chief and Determining	Consecutive and Contributing	(Write opposite each cause; if unknown, it should be so stated.) Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
		Years.	Months.	Days.	Hours. †	
<u>Pneumonia</u>				<u>4</u>		

Sanitary observations, _____

Witness my hand this 9th day of May 1886
 of Burial Permit, _____ (Signature,) M. J. Carroll M.D.,
 of Burial, Calvary
 of Burial, May 9th 1886
 of Undertaker Wm. Shanley 337 E 90th St Residence, 53 St. Marks Place

Room for granting Burial Permits, No. 45. 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 mean 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 health, or attended by a physician, or in prison, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall view the body of such person externally, or make an autopsy thereon, as may be required (preparatory to an inquest).
 SECTION 2.—The Superintendent of Vital Statistics cautions all persons against accepting or using this Certificate for any purpose except that of delivering it for a Burial Permit registration. In case of the issuance of a duplicate Certificate, the word "Duplicate" should be written across it.