

4 H-4511

1 PLACE OF DEATH

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

BOROUGH OF

Manhattan

No.

201 West 135

St.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

Apartment

Registered No. 22706

2 FULL NAME

Edward J. Coogan

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Widowed

15 DATE OF DEATH

Aug 3, 1912
(Month) (Day) (Year)

6 DATE OF BIRTH

Unknown at present 1
(Month) (Day) (Year)

7 AGE

52

8 If LESS than
1 day, hrs. or min.?

10 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from Jan 1, 1909 to August 1, 1912, that I last saw him alive on the 1 day of August, 1912, that death occurred on the date stated above at 7 P.M., and that the cause of death was as follows:

9 OCCUPATION

(a) Trade, profession, or particular kind of work
Real Estate

(b) General nature of industry, business or establishment in which employed (or employer)

Diphtheria (3 wks)
Nephritis (1 yr.)
Pulmonary Tuberculosis (6 mos)

10 BIRTHPLACE (State or country)

NY City NY

11 How long in U.S. (if of foreign birth)

12 How long resident in City of New York
Life

PARENTS OF DECEASED

13 NAME OF FATHER

Patrick Coogan

14 BIRTHPLACE OF FATHER (State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Julia McManus

16 BIRTHPLACE OF MOTHER (State or country)

Ireland

duration 4 yrs. mos. ds.

17 Contributory Pathosis & Anthrax

duration 6 yrs. 6 mos. ds.

Witness my hand this 3 day of Aug. 1912

Signature Alexander Shney M.D.

Address 267 West 52nd St

18 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

19 Former or usual residence?

20 Where was disease contracted, if not at place of death?

21 PLACE OF BURIAL

Calvary Cem

22 DATE OF BURIAL

Aug 5, 1912

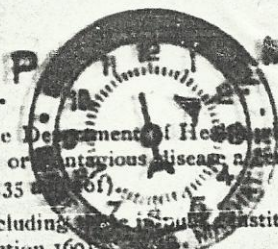
23 UNDERTAKER

W J Nash

24 ADDRESS

505 Mad Ave

TO PHYSICIANS.



1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease, a certificate must be furnished by him forthwith (Sanitary Code, Sections 135 and 136).
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 ~~unusually~~ **suddenly** while in ~~apparent health~~, or when ~~unattended by a physician or in prison, or in a 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 1773, Laws of 1882).

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. |
| Haemorrhage. | 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.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

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.

BUREAU OF RECORDS
 DEPARTMENT OF HEALTH
 CITY OF NEW YORK
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 PARENTS OF DECEASED ...
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