Comparison of the case of th	. PLACE OF DEATH	STATE OF NEW YORK
THE DESIGNATION OF STATES OF STREET    NAME   Windle   STRUCKED   STATE OF STREET    STATE OF SIRTH   SOUTH   STATES OF STREET    STATE OF SIRTH   SOUTH   STATES OF STREET    STATE OF SIRTH   SOUTH   STATES OF STREET    STATE OF SIRTH   STATES OF STREET    STATE OF SIRTH   STATES OF SIRTH   STATES OF STREET    STATE OF SIRTH   STATES OF STREET    STATES   STATE	Department	nt of Health of The City of New York
Hame of Insultration Control of the	DECIMAL OF TOOKLYSE.	BUREAU OF RECORDS
1 FULL NAME ACOLOR OR BACK  1 SEX	ST	ANDARD CERTIFICATE OF DEATH
1 FULL NAME ACOUR OR BACK  1 SEX ACOURT O	Ximas Co. Stor	Register No 22165
ACCOUNTING ATTEMPTORY OF STATES  INTERPRETATION  (Most)  (Most	Hamo of Inditation .	Logan
MALL White or DIVORCED (Frient the world) were DIVORCED (Write the world) was a part of the property of the pr		15 DATE OF DEATH
10 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusives) are correct as near so the some can be ascertised, and I further certify that some can be ascertised, and I further certify that some can be ascertised, and I further certify that decased what administration or 10 may have been as a further certify that the some can be ascertised, and I further certify that I does not	1 SET   LCOLUE OF THE MARRIED.	1 X EN 7 1,24
(Mosth) (Day) (Year)  (Mosth) (Day) (Year)  It LEBS than as the some can be ascertained, and I further certify that I deared as the some can be ascertained, and I further certify that I deared as the some can be ascertained, and I further certify that I deared as the some can be ascertained, and I further certify that I deared as the some can be ascertained, and I further certify that I down that I saw such that I saw such the I saw such the cause of death; the diagnosis during he is the cause of death; the cause of death; the diagnosis during he is the cause of death; the diagnosis during he is the cause of death; the diagnosis during he is the cause of death; the diagnosis during he is the cause of death; the diagnosis	Wale white (With the working)	(Mosth) (Day) (Year)
as the same can be accretained, and I further certify that deceased gaz admitted to this, institutions or that January has been as a set a	DATE OF BIRTH	16 I hereby certify that the foregoing partic-
(Most) (Der) (Yes)  It less than a decased star admitted to this, institution or law, has less than a law, here alies on the day of law, has law here alies on the day of law, has law here alies on the day of law and that I am unable to state definited the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of death; the diagnosis during he last the cause of duration yrs. mos. ds Witness my hand that I am unable to state definited the cause of duration yrs. mos. ds Witness my hand that I am unable to state definited the cause of the very form of the very for	,	as the same can be ascertained, and I further certify
1 day, han be a see to be a day of the see o	(2000)	that deceased was admitted to this institution on
19 24, that he died on the day of clock the production of the prod	1 day. her.	same herealine on the 7 day of
OCCUPATION profession of Catures  OTHER profession and the Catures  OTHER profession and the Catures  OTHER profession are cately indicating the disconsistency of the cately consistency (or engineer)  OTHER profession are cately indicated in the cately consistency of the cately	6 H grs. mes. da. or min.	1024 that he died on the / day of
priested find of well (1) Occasion indicatory, include an employed (or employer)  10 Occasion and indicatory, include a consisting of the	S OCCUPATION . P	Mes P. M. and that I am unrile to state definitely
Contributory   Cont	(a) Trade, profession of // CLUKY	the cause of death; the diagnosis during h. 1.4
There was disease contracted, if not at pipes of death?  Place of State of constracted, if not at pipes of death?  Pathologist  Place of State of or Street  Signature  Contributory  (Secondary)  Guration  Virs. mos. ds  Contributory  (Secondary)  Guration  Virs. mos. ds  Contributory  (Secondary)  Guration  Virs. mos. ds  Witness my hand this, g day of vir 19.2  Signature  House  17 I hereby certify that I have this day of the performed an autops  Signature  19 Interpreted  Signature  10 M.D.  Performed an autops  Signature  Signature  Signature  10 M.D.  Signature  Signature  Signature  Signature  Pathologist  Filip  Pathologist  Hospital  DATE OF SURIAL  LOVELLE  LOVELLE  SIGNATURE  M.D.  Pathologist  Hospital  DATE OF SURIAL  LOVELLE  LOVELLE  LOVELLE  LOVELLE  SIGNATURE  DATE OF SURIAL  LOVELLE  LOVELE  LOVELLE  LOVELLE  LOVELLE  LOVELLE  LOVELLE  LOVELLE  LOVELLE  LOVELLE  LOV	(b) General nature of industry,	last illness was:
duration yrs. mos. ds  (2) How long to death of Chy of Not Hart Descriptions of New York  (3) How long to death of Chy of Not Hart Descriptions and recent residents.  (4) How long in the long to death?  (5) How long to death of Chy of Not Hart Descriptions and recent residents.  (6) How long to death of the Chy of Not Hart Descriptions and recent residents.  (7) Horse was disease contracted, if not at place of death?  (8) How long to death of non-residents and recent residents.  (8) How long to death of non-residents and recent residents.  (9) Horse was disease contracted, if not at place of death?  (10) Points  (11) Hirthylace (12) How long to death of non-residents and recent residents.  (12) Horse was disease contracted, if not at place of death?  (13) Place OF BURIAL  (14) How long to duration yrs. mos. ds  (15) Contributory (Secondary)  (Muration yrs. mos. ds  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Autration yrs. mos. ds  (Autration yrs. mos. ds  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Autration yrs. mos. ds  (Autration yrs. mos. description duration processed and processed yrs. processed yrs. processed yrs. processed yrs. processe	which semisored (or employee)	Chenna Cardio Valendar Incara
Contributory  (1) How less in  (2) How less in  (3) How less in the less in th		duration yrs. mos. ds.
How was disease contracted, if not at place of death?   Date of Burial   Witness my hand thin   Signature   M.D.	M.S.	Contributory
Signature  Signature  House Congs  II RESTRICTACE  OF MOTERE  OF MOTERE  (State or country)  II BRESTRICTACE  II I hereby certify that I have this day of 19 performed an autops; supon the body of said decased, and that the course of it death was as follows:  (Permer or was disease contracted, if not at place of death?  Pathologist  II PLACE OF BURIAL  PATHOLOGIST  DATE OF BURIAL	A M (1) How long in (2) How long red-	duration vrs. mos. ds.
House Sings & Normal day of Pathers of Mothers of Market of South	e U eign birth) of New York	Witness my hand this day of 1924
11 ENTERPLACE OF PATEER (State or country) 12 MAIDEN HAMB. OF MOTHER OF MOTHER (State or country) 13 MIPTERLACE OF ECTERR (State or country) 14 MIPTERLACE OF ECTERR (State or country) 15 Special INFORMATION required in deaths in hospital and institutions and in deaths of non-reddents and recent residents.  (Permer or was disease contracted, if not at place of death?  Pathologist  FILED  18 PLACE OF BURIAL  Pathologist  DATE OF BURIAL  DATE OF BURIAL  PATHOLOGIST  PATHOL	The thick Comment	
19 Filed   18 Place of Surial   19 Place of Suria	II ROTTOPIACE	House ways 45. 200 parces
13 MAIDER HAME. OF MOTHER  13 EINTEPLACE OF MOTHER  (State or country)  14 Special INFORMATION required in deaths in hospital and institutions and in deaths of non-residents and recent residents.  (Permer or was disease contracted, if not at place of death?  Pathologist  15 FLED  18 FLACE OF BURIAL  DATE OF BURIAL  ADDRESS  19 performed an antops;  upon the body of said deceased, and that the course of hands the course of	F OF FATHER	17 I hereby certify that I have this day of
13 BIRTHPLACE OF MOTHER   State or country)   Section of the section and involved and involved in death in hospital and involved in death of non-residents and recent residents.    Power or   185   Nurth and   Signature   M.D.   Where was disease contracted, if not at place of death?   Pathologist   Hospital     Pathologist   Date of Burlat   Signature   Date of Burlat     Signature   Date of Burlat   Date of	- OR MOREOVER	19 berformed an autopsy
Signature  Permer or year disease contracted, if not at page of death?  Pathologist  Pathologist		h death was as follows:
Signature   18   M.D.	OF MOTHER	
Pormer or 285 Myrthe and .  Where was disease contracted, if not at page of death?  Pathologist		
Pathologist Hospital  Where was disease contracted, if not at page of death?  Pathologist DATE OF BURIAL  Of Johns Cometery:  ADDRESS.	<b>A</b>	
Pathologist Hospital  18 PLACE OF BURIAL  Johns Cemetery:  ADDRESS	() Pormer 285 Myr The are.	N.D.
St. Johns Cemetery, Date of BURIAL Dec. 10, 1924		Signature
St. Johns Cemetery, Date of BURIAL Dec. 10, 1924	- <del>-</del>	Pathologist Hospital
St. Johns Cemetery, Dec. 10, 104	FILED 110 TO AGE OF SWELLS	II
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