

CERTIFICATE AND RECORD OF DEATH

OF

Bornet Amosberg

Sex Male	Color W	Place of Death 15 Humboldt
Age 65 Yrs. — Mos. — Days	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title Tenement 16	
Married Married	Father's Name Nadish Amosberg	
Home None	Father's Birthplace Russia	
Place Russia	Mother's Maiden Name Rusiel Amosberg	
Age at Birth 11 Years	Mother's Birthplace Russia	
Age at Death 7 Years		

I hereby certify that I attended deceased from May 20th 1905, to May 21st that I last saw her alive on the 21 day of May 1905, that she died on the 21 day of May 1905, about 8.30 o'clock A. M., or thereabouts, and that, to the best of my knowledge and belief, the cause of her death was as follows:

apoplexy

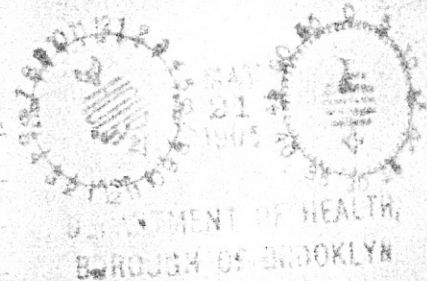
SPECIAL INFORMATION
 and in deaths in hospitals and institutions and deaths of non-residents and recent residents.

Witness my hand this 21 day of May 1905
 (Signature) M. Mandell (M. D.)
 (Residence) 37 Jefferson St

Place of residence of decedent at place of death

9614

Place of Burial Mt. Zion Cem.
 Date of Burial May 21, 05
 Undertaker Sherman & Bauer
 Place of Business 135-37 42nd St.



N. B.—A certificate of death is a document of great importance. More than 23,000 copies of such certificates are issued annually from this office for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 30 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 161).

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 suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner**, the case must be referred to the Coroner's office (Chapter 410, Section 1778, Laws of 1892).

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,
Hæmorrhage,	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 symptoms as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.

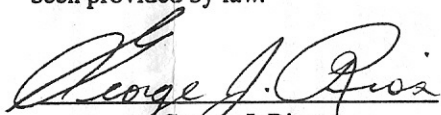
2. Certificates must be written throughout in black ink.

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.

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES
MUNICIPAL ARCHIVES
31 Chambers Street
New York, NY 10007

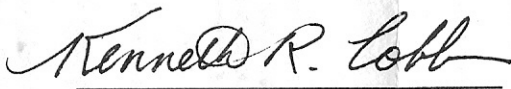
This exact copy of a _____ certificate should not be accepted unless the raised seal of the Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this transcript of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



George J. Rios

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Commissioner, D.O.R.I.S.



Kenneth R. Cobb

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Director, Municipal Archives