

## CERTIFICATE AND RECORD OF DEATH

17109

OF

Leopold Jacobson

Sex <u>male</u>	Color <u>white</u>	Place of Death	<u>119 Powell St.</u>
Age <u>58</u> Yrs. _____ Mos. _____ Days _____	Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title		<u>Private</u> <u>76</u>
Single, Married, Widowed or Divorced	<u>Married</u>	Father's Name	<u>Jacob Joseph Jacobson</u>
Occupation	<u>Rabbi.</u>	Father's Birthplace	<u>Russia</u>
Birthplace	<u>Russia</u>	Mother's Maiden Name	<u>Sarah Leah Raskin</u>
How long in U.S. (if of foreign birth)	<u>25 years</u>	Mother's Birthplace	<u>Russia</u>
How long resident in City of New York	<u>25 years</u>		

I hereby certify that I attended, deceased from May 1912, to Sept. 10, 1912, that I last saw him alive on the 10th day of Sept. 1912, that he died on the 10th day of Sept. 1912, 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 follows:

Carcinoma of Peritoneum  
Pulmonary Oedema

## SPECIAL INFORMATION

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

Former or usual residence } \_\_\_\_\_  
How long resident at place of death } \_\_\_\_\_

Witness my hand this 10th day of Sept. 1912

(Signature)

Benjamin M. D.

(Residence)

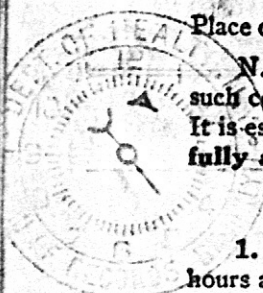
1645 Pitkin Ave.

100 9/10/12

17109

Place of Burial Mt Carmel Cem  
Date of Burial Sept 10 1912  
Undertaker S. Misickoff  
Place of Business 167 Delancey St

RECEIVED



1912  
SEP  
10

N.B.—A certificate of death is a document of great importance. More than 25,000 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 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 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; 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 1892).
4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death :

<b>Abortion,</b>	<b>Gastritis,</b>	<b>Peritonitis,</b>
<b>Cellulitis,</b>	<b>Erysipelas,</b>	<b>Phlebitis,</b>
<b>Childbirth,</b>	<b>Meningitis,</b>	<b>Pyæmia,</b>
<b>Convulsions,</b>	<b>Metritis,</b>	<b>Septicæmia,</b>
<b>Haemorrhage,</b>	<b>Miscarriage,</b>	<b>Tetanus.</b>
<b>Gangrene,</b>	<b>Necrosis,</b>	

(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.

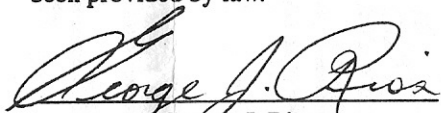
### TO UNDERTAKERS.

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

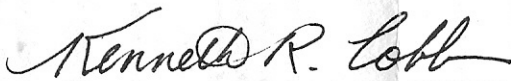
This exact copy of a \_\_\_\_\_ certificate should not be accepted unless the raised seal of the Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

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

George J. Rios  
Commissioner, D.O.R.I.S.



Kenneth R. Cobb

Kenneth R. Cobb  
Director, Municipal Archives