

No. of Certificate,
19679

CERTIFICATE AND RECORD OF DEATH

01

Charles ^{of} Simon

I hereby certify that I attended deceased from May 31 1892 to June 1 1892, that I last saw him alive on the _____ day of June 1892, that he died on the _____ day of June 1892, about 2 o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of his death was as hereunder written:

Chief Cause, Minerality (minerals)

6 days

Contributing Cause, *Tetraenocatus*

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Sanitary Observations,

Witness my hand this, / day of June 1892.

Place of Burial.

(SIGNATURE),

Date of Burial

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Undertaker.

328 E. 52

Burial permits issued at 301 Mott Street, Room 28, Week days, 7 A. M.-5 P. M. Sundays and Holidays, 8 A. M.-5 P. M.

PAGE ONE COPY

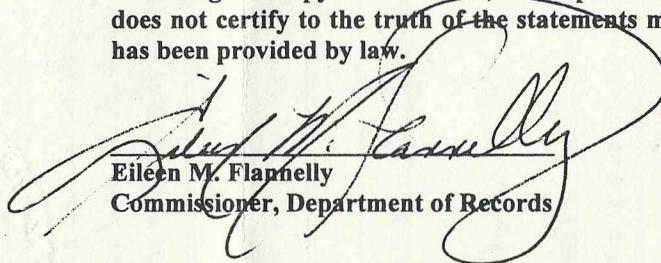
Date of Death.	June 1, 192
Full Name.	John Charles Simonsen
Age, in years, months, and days.	42 4 months
Color.	white
Single, Married or Widowed.	—
Occupation.	—
Birthplace.	225-20-43 at New York
How long in U. S. if foreign born.	—
How long resident in New York City.	—
Father's Name.	Leevle Simonsen
Father's Birthplace.	Russia
Mother's Name.	Ranette Simonsen
Mother's Birthplace.	U. S. City
Place of Death.	111 E. 100 St.
Last place of Residence.	—
Class of Dwelling. (A tenement being a house occupied by more than two families.)	House
Direct cause of Death.	Measles
Indirect cause of Death.	Diarrhea
Date of record.	June 1, 192

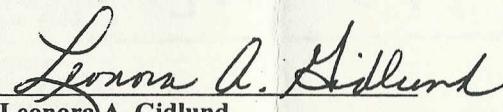
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 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 copy 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.


Eileen M. Flapnelly
Commissioner, Department of Records


Leonora A. Gidlund
Director, Municipal Archives



**Department of
Records**

MUNICIPAL ARCHIVES
31 Chambers Street, Room 103
New York, NY 10007
Tel: 311 or (212) NEW-YORK (out-side NYC)
www.nyc.gov/records

EXEMPLIFICATION OF BIRTH, DEATH, OR MARRIAGE RECORD

I, Leonora A. Gidlund, Director of the Municipal Archives Division of the New York City Department of Records and Information Services, a Department of the municipal corporation known as the City of New York, do hereby certify that the attached transcript of the certificate of Birth Death Marriage is a true copy of the original now on file in the Municipal Archives; that I have compared the said transcript with the original record, and that the same is a correct transcript of said original record and of the whole thereof; and that the seal thereon impressed is the official seal of the Department of Records and Information Services. I further hereby certify that I am the Director of the Municipal Archives Division of the New York City Department of Records and Information Services, where said certificate and record is on file; and that I am authorized to certify the said record in accordance with Section 552-2.0 of the *Administrative Code of the City of New York*.

The foregoing transcript is a true copy of said original record, identified as:

Certificate Number 19679 Year 1892
Place of Birth Death Marriage Manhattan

In witness whereof I have hereunto set my hand
and caused the seal of the Department of
Records and Information Services of the City of
New York to be affixed this 20 day of
May in the year 2013.

Leonora A. Gidlund
Signature