

THE METROPOLITAN BOARD OF HEALTH HAS MADE THE FOLLOWING ORDER:

"All Permits for the removal of the body of any deceased person from the City of New York, and all Burial Permits and Permits for the Disinterment of the remains of deceased persons in the City of New York, shall be granted and signed by the Registrar of Vital Statistics."

Physicians are required by the Board of Health to FILL OUT this Certificate ACCURATELY and COMPLETELY.

The CHIEF cause of Death should be stated as the FIRST, and the REMOTE or the COMPLICATING disease should be certified by the Physician when recognized as influencing the chief cause of Death, or being in any degree concerned in the fatal result. "Time from Attack till Death" should be stated in every case when it can be ascertained.

No Permit for Burial will be granted without a Certificate filled out as required.

CERTIFICATE OF DEATH.

1. Name of Deceased, in full *Julius Wilkins*

2. Age, *66* years, *14* months, *14* days, *Color,*

3. ~~Single, Married, Widow or Widower,~~ {Cross out words not required in this line.}

4. Occupation, *Farmer*

5. Birthplace, *Germany* {And how long in United States, if of foreign birth} *11 years*

6. How long resident in this City, *8 months*

7. Father's Birthplace, {The City, State or Country.} *Germany*

8. Mother's " {The City, State or Country.} "

9. Place of Death, No. *320 East Houston Street,* *11th* Ward

I hereby certify, That I last saw him on the *18th* day of *August 1876*
that he died on the *18th* day of *August 1876* TIME FROM ATTACK TILL DEATH.

and that the Cause of his Death was:

First, {Chief,} *Marasmus, Bright's Disease* *14 days*

Second, {Remote or complicating} *Trachema*

Place of Burial, *Barre Cemetery*

Date of Burial, *Aug 20th 1876*

Undertaker, *Michel Leight Joseph Gifford, M. D.*

Place of Business, *38-40 Henry Street* Medical Attendant,
Address, *235 E. 10th St.*

Let these figures be specific.