

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.

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**CERTIFICATE OF DEATH.**

1. Name of Deceased, in full Julius Wilzinski

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, 11<sup>th</sup> Ward

Let these Returns be specific.

I hereby certify, That I last saw him on the 18<sup>th</sup> day of August 1876 that he died on the 18<sup>th</sup> day of August 1876

and that the Cause of his Death was:

First, (Chief) Marasmus, Bright's Disease 14 days

Second, (Remote or complicating) Trachmia

Place of Burial, Barade imbus

Date of Burial, Aug 20, 1876

Undertaker, Michael Leicht Joseph Geyffer M. D.

Place of Business, 38 1/2 West 10th Street Medical Attendant

Address, 235 E. 10<sup>th</sup> St.