

7040

The Board of the Health Department of the City of Brooklyn has made the following Order:

All permits for the removal of the Body of any deceased person from the City of Brooklyn for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Brooklyn, shall be granted and signed by the Register of Records.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF RECORDS OF VITAL STATISTICS, within 36 hours after said person's death.

Write time from Attack till Death opposite EACH CAUSE. If unknown, it should be so stated. [Sec. 169 of Sanitary Code.]

The IMMEDIATE CAUSE should be certified by the Physician when recognized as influencing the chief cause of Death.

NO PERMIT FOR BURIAL WILL BE GRANTED WITHOUT A CERTIFICATE ACCURATELY FILLED OUT.

CERTIFICATE OF DEATH

3342

1. Full name of the Deceased, (Write legibly and spell correctly.) Paul Zerega
2. Age, 93 years, one month, sixteen days. Color, white
3. ~~Single, Married, Widowed or Widower~~, (Cross out the words not required on this line.)
4. Occupation, Wagon manufacturer
5. Birthplace, Zerega Parish. (And how long in the United States if of foreign birth.) Italy
6. How long resident in this City, About 12 years
7. Father's Birthplace, (The State or Country.) Italy
8. Mother's Birthplace, (The State or Country.) "
9. Place of Death, No. 63 Collie Street, 22nd Ward.
10. Number of Families in House, One

11. I Herely Certify, That I attended deceased from Feb. 14th 1876 to April 1st 1876 that I last saw him alive on the 6th day of April 1876: that he died on the 1st day of April 1876, about 5 o'clock, A.M. and that the cause of her Death was: Angina Pectoris from old age

Time from Attack till Death.

FIRST, (Primary) Old age

SECOND, (Immediate) Angina Pectoris

ALL THE ABOVE INFORMATION MUST BE FURNISHED BY THE PHYSICIAN.

Place of Burial, Holy Sep Signed by [Signature]

Date of Burial, Apr 7 [Signature] M. D.

Undertaker, L.H. Farrell Medical Attendant

Paul Zerega-death certificate [Signature]

Commissioner