

DEPARTMENT OF HEALTH

STATE OF NEW YORK

Form No. 100 (1918)

Death Certificate

(a) Sex

(b) Race

Died at 17 Fitzjohns Avenue

City of New York

/ Burial Reg.

Age

Occupation

Color of hair

Place of birth

Color of eyes



Signature of attending physician

Date

THIS CERTIFICATE TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER

IN THE CITY OF NEW YORK

Signature of Registrar

Date