

THE CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate,

CERTIFICATE AND RECORD OF DEATH

15114

OF

Morris Madansky

| | | | | | |
|--|------------------------------|-------|--------------|--|-------------------------|
| Sex | <i>Male</i> | Color | <i>White</i> | Place of Death | <i>481 Hopkins Ave.</i> |
| Age | <i>42</i> Yrs. — Mos. — Days | | | Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title | <i>26</i> |
| Single, Married, Widowed or Divorced | <i>Married</i> | | | Father's Name | <i>Tenement</i> |
| Occupation | <i>Presser</i> | | | Father's Birthplace | <i>Pesach Madansky</i> |
| Birthplace | <i>Russia</i> | | | Mother's Maiden Name | <i>Russia</i> |
| How long in U.S. (if of foreign birth) | <i>29</i> | | | Mother's Birthplace | <i>Russia</i> |
| How long resident in City of New York | <i>29</i> | | | | |

I hereby certify that I attended deceased from *April 10* 19*01*, to *July 31* 19*01*, that I last saw *him* alive on the *31st* day of *July* 19*01*, that *he* died on the *31st* day of *July* 19*01*, about *5* o'clock *A. M.*, or *P. M.*, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Septic endocarditis due to following post operative amputation of leg due to an infected toe-foot

SPECIAL INFORMATION

required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } _____
How long resident } _____
at place of death } _____

Witness my hand this *18th* day of *August* 19*01*

(Signature)

David Goldstein M. D.

(Residence)

533 Stone Ave

15114

21/11

Place of Burial

Not armed cem.

Date of Burial

August 1, 1911

Undertaker

Misekoff

Place of Business

167 Osborn St

N. B.—A certificate of death is a document of great importance. More than 25,000 copies of such certificates are issued annually from this office for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 135 and 161).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 160).

3. If a person dies from **criminal violence or by a casualty, or suddenly while in apparent health, or when unattended by a physician or in prison, or in any suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

| | | |
|---------------------|---------------------|---------------------|
| Abortion, | Gastritis, | Peritonitis, |
| Cellulitis, | Erysipelas, | Phlebitis, |
| Childbirth, | Meningitis, | Pyæmia, |
| Convulsions, | Metritis, | Septicæmiæ, |
| Hæmorrhage, | Miscarriage, | Tetanus. |
| Gangrene, | Necrosis, | |

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "**Heart failure,**" "**Dropsy,**" or other mere symptom as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is **mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered**, as all such changes impair its value as a public record.

*Mother's Maiden name
of Amy M. Orlowski.*

955 EMY

DEPT. OF HEALTH
BUREAU OF RECORDS
AUG 1 1911
BUREAU OF RECORDS
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DEPARTMENT OF HEALTH.

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CERTIFICATE AND RECORD OF DEATH

OF

Morris Madansky

15114

| | | | | | |
|--|-----------------------|--|-------|----------------|-----------------|
| Sex | Male | Color | White | Place of Death | 481 Hopkynsarah |
| Age | 42 Yrs. — Mos. — Days | Character of premises, whether tenement, private, etc. If hotel, hospital or other institution, state full title | | | Tenement |
| Single, Married, Widowed or Divorced | Married | Father's Name | | | Benach Madansky |
| Occupation | Presser | Father's Birthplace | | | Russia |
| Birthplace | Russia | Mother's Maiden Name | | | |
| How long in U.S. (if of foreign birth) | 29 | Mother's Birthplace | | | Russia |
| How long resident in City of New York | 29 | | | | |

I hereby certify that I attended deceased from April 12 1901, to July 31 1901, that I last saw him alive on the 31st day of July 1901, that he died on the 31st day of July 1901, about 5 o'clock A. M., or P. M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

General sepsis due to post-operative
amputation of leg due to gangrene
of toe.

SPECIAL INFORMATION

required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence } _____

How long resident at place of death } _____

Witness my hand this 31 day of July 1901

(Signature)

David Goldstein M. D.

(Residence)

533 Street

NO MUTILATED CERTIFICATE WILL BE RECEIVED

15114

Place of Burial Mt. Carmel Crce.
Date of Burial Aug 11
Undertaker S. J. Mitchell
Place of Business 167-9 Osborn St.

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I (the brother) do not know my mother's maiden name. Harry Madansky

RECEIVED
AUG 11 1911
BUREAU OF RECORDS
DEPARTMENT OF HEALTH
CITY OF NEW YORK