

## Department of Health of The City of New York

## BUREAU OF RECORDS

## STANDARD CERTIFICATE OF DEATH

BOROUGH OF BrooklynName of Institution Coney Island HospitalRegistered No. 3352 FULL NAME Ralph Miranda335  
335

3 SEX

male

4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCEDSingle  
(Write the word)

15 DATE OF DEATH

Dec 31<sup>st</sup>, 1914  
(Month) (Day) (Year)

6 DATE OF BIRTH

\_\_\_\_\_, 1\_\_\_\_\_  
(Month) (Day) (Year)

7 AGE

19 yrs. \_\_\_\_ mos. \_\_\_\_ ds. If LESS than  
1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Collector

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

West Indies(9 A) How long in U. S. (if foreign birth) 2 yrs(9 B) How long resident in City of New York 2 yrs.

10 NAME OF FATHER

John Miranda11 BIRTHPLACE OF FATHER  
(State or country)Canary Island

12 MAIDEN NAME OF MOTHER

Socono Otero13 BIRTHPLACE OF MOTHER  
(State or country)Porto Rico

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

Former or usual residence }

2023 - 86<sup>th</sup> St

Where was disease contracted, if not at place of death?

2023 - 86<sup>th</sup> St

FILED

18 PLACE OF BURIAL

Holy Cross Church

DATE OF BURIAL

Jan 3<sup>rd</sup>, 1915

19 UNDERTAKER

Boyle Healey

ADDRESS

Sheepshead BayMARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on Dec 21<sup>st</sup> 1914, that I last saw him alive on the 31<sup>st</sup> day of Dec 1914, that he died on the 31<sup>st</sup> day of Dec 1914, about 3<sup>55</sup> o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Lobar Pneumoniaduration \_\_\_\_ yrs. \_\_\_\_ mos. 10 ds.Contributory  
(Secondary)

duration \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Witness my hand this 31<sup>st</sup> day of Dec, 1914Signature Charles F. Durning M. D.House Coney Island Hospital

17 I hereby certify that I have this \_\_\_\_ day of \_\_\_\_ 19\_\_\_\_, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature \_\_\_\_ M. D.

Pathologist \_\_\_\_ Hospital \_\_\_\_



## 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,

Haemorrhage,

Meningitis,

Phlebitis,

Cellulitis,

Gangrene,

Metritis,

Pyaemia,

Childbirth,

Gastritis,

Miscarriage,

Septicaemia,

Convulsions,

Erysipelas,

Peritonitis,

Tetanus.

(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.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

## 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.

I hereby certify that I have been employed as undertaker by

*John Miranda*  
(NAME)

the

*Birth*  
(RELATIONSHIP)

of deceased.

This statement is made to obtain a permit

for the burial or cremation of the remains of deceased

*Ralph Miranda*

Signature

*Boyle & Healy*