1405

☞ The special attention of Physicians is respectively invited to the remarks below, and to the list of Diseases upon the back of this Certificate. ☜

THE DEPARTMENT OF HEALTH OF THE CITY OF BUFFALO

HAS MADE THE FOLLOWING ORDER:

"All permits for the removal of the body of any deceased person from the City of Buffalo for interment, and on all burial permits, and permits for the disinterment of the remains of deceased persons in the City of Buffalo, shall be granted and signed by the Health Commissioner and Registrar of Vital Statistics."

☞ The Physician who attended any person in a last illness is responsible for the presentation of this certificate, **accurately filled out**, to the Undertaker or person having charge of the burial of said person, or to the Department of Health, within 24 hours after said person's death. [Sec. 63, Chapter XXV, City Ordinances.]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All Physicians practicing in the City of Buffalo [including those in public institutions] are required to register their names in the Office of the Department of Health. [See Sec. 76, Chapter XXV, City Ordinances.]

AUG 7 1892

STATE OF NEW YORK. REPORTED

WARD. 13

COUNTY OF ERIE.

CERTIFICATE OF DEATH,

IN THE CITY OF BUFFALO.

Should be certified by the head of the family or responsible friend.

1. Full name of deceased, { Write legibly and spell correctly. If infant not named, give parent's names. } Maurice Joslyn
2. Age 54 Years 7 Months 11 Days — Hours ..... Color W Sex Male
3. ~~Single, Married, Widow or~~ Widower. (Cross out the words not required in this line.) 4. Occupation .....
5. Birthplace U.S. (How long in the United States, if of foreign birth.) .....
6. How long resident in this City .....
7. Father's name and birthplace D. M. Joslyn (State or Country.) U.S.
8. Mother's name and birthplace Celia Joslyn (State or Country.) U.S.
9. Place of death, (If an institution, please state the name.) No. 803-7 ....
10. If a dwelling, by how many families, living separately, occupied ..... Floor* .....

F. E. Drullard

Certified by the Physician according to the Provisions of Sec. 63, Chap. XXV, City Ordinances.

II. I Hereby Certify, That I attended deceased from ..... 189 to ..... 189 that I last saw ..... alive on the 4th day of ..... 189 , that ... died on the 4 day of August 1892, about 4 o'clock, ~~A. M. or~~ P. M., and that, to the best of my knowledge and belief, the cause of his death was as hereunder written:

	(Write opposite each cause if unknown it should be so stated.) Duration of disease in				
	Years.	Months.	Days.	Hours. †	
Chief and determining ‡ Congestion of Lungs					
Consecutive and contributing FOR GENEALOGICAL PURPOSES ONLY					

† The duration of each disease, when there is evidence, from its commencement until death.

Witness my hand this ..... day of 189

(Signature) ..... M. D.

Place of burial ... Forest Lawn

Date of burial ... Aug 6 92 Residence .....

Permission is hereby given to embalm the above named body.

..... M. D.

Name and Residence } Undertaker BRADY & DRULLARD, 19 NIAGARA ST.,

Burial permits issued at room No. 12, Municipal Building. Office hours 8.30 A. M. to 4.30 P. M., week days, 10.00 A. M. to 1.00 P. M. on Sundays and Holidays.

* By the first floor is meant the floor immediately above or on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.

‡ Please examine the list of diseases on the back of this certificate.

N. B.—The Health Commissioner cautions all persons against accepting or using this Certificate for any purpose except that of delivering it for a Burial Permit and Registration. In case of the issuance of a duplicate Certificate, the word "Duplicate" should be written across it.

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