

The special attention of Physicians is respectfully invited to the remarks below, and to the list of Diseases upon the Back of this Certificate.

THE HEALTH DEPARTMENT OF THE CITY OF NEW YORK

Has made the following Order:

All Permits for the removal of the body of any deceased person from the City of New York for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of New York, 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 VITAL STATISTICS, within **36 HOURS** after said person's death. (Sec. 161 of Sanitary Code.)

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

All physicians practicing in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics.

476607

STATE OF NEW YORK.

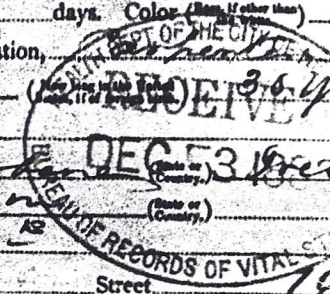
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

CITY OF NEW YORK.

CERTIFICATE OF DEATH, IN THE CITY OF NEW YORK.

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- Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give parents' names. Thomas Cobane
- Age, 55 years, _____ months, _____ days. Color (Name if other than) White
- Single, Married, Widow or Widower (Cross out the words not required in this case.) _____ 4. Occupation, 36 yrs
- Birthplace (State or Country.) Ireland
- How long Resident in this City, 30 yrs
- Father's Name and Birthplace, Samuel Cobane Ireland
- Mother's Name and Birthplace, Ellen _____
- Place of Death, (If an institution, please state the name.) No. 421 W 16th Street 163 Ward _____
- If a Dwelling, by how many families, living separately, occupied, 17 Floor 2^d



11. I Heroby Certify, that I attended deceased from Sept 2nd 1883 to November 29th 1883 that I last saw Him alive on the 29 day of November 1883, that He died on the 1st day of Dec^r 1883, about 8 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:

	Duration of Disease in			
	Years	Months	Days	Hours
Chief and Determining } <u>Nephrotic hemorrhage of lungs</u>				<u>5</u>
Consecutive and } <u>Abdominal Dropsy</u>				
Contributing } <u>Exhaustion</u>				

Sanitary observations, _____

Witness my hand this 1st day of Dec^r 1883 William Adams M.D.,
(Signature)

of Burial Permit, _____
of Burial, Greenwood Cemetery
of Burial, Dec 3rd 1883
of Undertaker Chas J. Day 38 Wm 12th St Residence, 424 W. 43rd St

Room for granting Burial Permits, No. 44, Hours from 7 A.M. to 6 P.M. on week days; from 9 A.M. to 3 P.M. on Sundays.
By 1st 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 printed on the back of this certificate.