

Legacy 9 Unlocked (part 6): Adding a Death Certificate
by Geoff Rasmussen

Summary of Steps

1. Create the To Do item and perform the research
2. Set up the source clipboard
3. Analyze and add the new data, sourcing as you go
4. Add the digital image to the death event
5. Close/complete the To Do item
6. Plan for future research
7. File the paper document, if applicable

Citation of following records

Brooklyn, Kings County, New York, (Municipal Archives, New York City), death certificate no. 20239 (1893), John Williams; FHL film 1323911.

[Form 85] DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN 20239
CERTIFICATE OF DEATH

1. Full Name, *John Williams*
2. Age, *33* years, *single*
3. Sex, Male, ~~Female~~ 4. White, ~~Colored~~
5. ~~Married~~, ~~Widower~~, ~~Widower~~
6. Birthplace, *Wales* 7. Occupation, *Mason*
8. If of foreign birth, how long to the U.S., *33* years 9. How long resident in City, *33* years
10. Father's Birthplace, *Wales* 11. Mother's Birthplace, *Wales*
12. Place of Death, No. *226 Macau St* 13. Number of Families in House, *one*
14. On what Floor, *one*
15. I HEREBY CERTIFY that I attended the deceased from *Sept 14th* 1893 to *December*
that I last saw him alive on the *16th* day of *December* 1893, about *11* o'clock *P.M.*, and that the following was the
16. Cause of Death, I. *Pneumonia of Lungs* II. *Senile Debility*
This Certificate delivered to *Thomas G. Smith* on *December 17th* 1893
Signed by *J. D. Sullivan* M.D. No. *74 McDonough*
* See other side for explanations and directions.

20239

17. - Place of Burial, Greenwood Cemetery.
 18. - Date of Burial, Nov 19 1893 In case of contagious disease, A. M. or P. M.
 19. - Undertaker, Charles Lambert Place of Business, 3 Parkington Court

*Write FAMILY NAME plainly and exactly. If the deceased was a child not named, state the names of both parents.
 3, 4, 5, 15. - Draw a line through the words not required on these lines.
 6, 10, 11. - Insert name of State or County.
 12. - If in a Public Institution please state its name and erase Nos 13.
 16. - I. Name the *Specific*, Principal, or most influential Disease or Injury. If an autopsy was made please so state.
 II. Name any complication, remote cause, important event (as Operation, in Surgical Cases,) or the manner of Dying (Asphyxia, Asthenia, Syncope, etc.) or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.
 CONTAGIOUS DISEASES. - Small Pox, Scarlet Fever, Diphtheria, Measles, Yellow Fever, Cholera.
 Note to Undertakers. - Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.
 The law requires that the remains of those dying from a contagious Cause shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; and that the remains be conveyed in a hearse--the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, 38 & 40 Clinton Street.
 Hours from 9 to 4, Saturdays, Sundays and Holidays, 9 to 12.