

HOOSICK
TOWNSHIP
HISTORICAL
SOCIETY

RECORD OF
DEATHS

VOL. 2
1886-1887

START

RECORD
OF
DEATHS.

BY

From Jan 1st, 1886,
To July 24, 1886.

10 Deaths

Book #1.

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed
4. Occupation
5. Birthplace
6. Color and Race
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Died at
9. Resident here
9. Date of Death
10. Reported by
11. Chief cause of Death

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of.....

STATE OF NEW YORK.

Form 3.

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

27000

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Abram Roach
2. Age 74 years 2 months 2 days Sex M. Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation Farmer
5. Birthplace (Say State or Country.) Hoosick Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Geo. H. Roach (State or Country) N.Y.
7. Mother's Name and Birthplace Mary Ann Ryan (State or Country) N.Y.
8. Place of Death (If an Institution, state its name.) Hoosick Falls (How long res. (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 31 day of Dec 1885, at about 2.50 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Geo H Roach

11. I hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

Chief and Determining	} <u>Heart Disease.</u>	Duration of Disease in	
		Years,	Months, Days, or Hours.†
Consecutive and Contributing	} <u>Examination ordered by Coroner Delaney certifies that cause of death as above stated.</u>		
Sanitary observations			

† The duration of each disease, when given, is reckoned from its commencement until death.

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____ (Signature,) Delaney Coroner M.D.
 Place of Burial Maple Grove H. S.
 Date of Burial Jan 3-1886 Residence, Hoosick
 Name and Residence of Undertaker H. S. Loomis

N.B. The Superintendent of Vital Statistics. CAUTIONS—ALL PERSONS AGAINST ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

800

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Alta Bertha Wreck
2. Age..... years 2 months 10 days. Sex F. Color (Race, if other than the White.).....
3. Single, Married, Widowed (Cross out words not required in this line.)..... 4. Occupation.....
5. Birthplace (and State or Country.) H. G. (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace Fred Wreck (State or Country) Germany
7. Mother's Name and Birthplace Rosalie (State or Country).....
8. Place of Death (If an Institution, state its name.) H. G. (How long resided here.)..... (If dying away from Home, give Home Address below.).....
9. Date and Hour of Death:--Died on the 1st day of July 1888 at about 8 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and } <u>Convulsion</u> Determining } Consecutive and } Contributing }	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Duration of Disease in</th> </tr> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>or Hours.†</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>	Duration of Disease in				Years	Months	Days	or Hours.†				6								
Duration of Disease in																					
Years	Months	Days	or Hours.†																		
			6																		

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this 2 day of July 1888

(Signature) J. Dolph M.D.

No. of Burial Permit.....
 Place of Burial Maple Grove
 Date of Burial July 7/88
 Name and Residence of Undertaker H. G. Son

Residence,.....

N.B. The Superintendent of Vital Statistics--CAUTIONS--ALL PERSONS AGAINST RECEIVING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓢ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
 2. Age.....
 3. Single, Married or Widowed, (Circle out the words not required in this line.)
 4. Occupation.....
 5. Birthplace..... (State or Country)
 - Color and Race, (if not white).....
 6. Father's Name and Birthplace..... (State or Country)
 7. Mother's Name and Birthplace..... (State or Country)
 8. Died at.....
 - Resident here {

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death.....
 10. Reported by..... 188.....
 11. Chief cause of Death.....
- Certified by.....
Medical Attendant.
- Buried at.....
- By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
29700

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Charles W. Smith.
 2. Age 12 years months days. Sex Male. Color (Race, if other than the White).....
 3. Single, Married, Widowed (Circle out words not required in this line.) 4. Occupation.....
 5. Birthplace (and State or Country) Hessick Falls N.Y. (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace John Smith Ireland. (State or Country)
 7. Mother's Name and Birthplace Bridg. " " " " " " " " (State or Country)
 8. Place of Death (If an Institution, state its name.) H. F. (How long resided here.)
 9. Date and Hour of Death:—Died on the 14 day of January, 1885, at about 6-45 P.M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) John E. Fox

11. I hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Bacillary Meningitis.</u>	<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Duration of Disease in</th> </tr> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>Hours.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Duration of Disease in				Years	Months	Days	Hours.				
Duration of Disease in													
Years	Months	Days	Hours.										
Consecutive and Contributing }	† The duration of each Disease, when given, is reckoned from its commencement until death.												

Sanitary observations.....

Witness my hand this..... day of..... 188 .

No. of Burial Permit..... (Signature,) W. E. Fox..... M.D.

Place of Burial St. Mary's Church.

Date of Burial Jan. 14, 1885. Residence, N. Y.

Name and Residence of Undertaker H. Fox

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here { Years Mon. Days (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

4107

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) John Smith
2. Age 48 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation Laborer
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Peter Smith Ireland (State or Country.) _____
7. Mother's Name and Birthplace Ann " " (State or Country.) _____
8. Place of Death (If an Institution, state its name.) H. H. (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 19 day of Jan 1886 at about 6:45 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw him _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <u>Consumption</u>	Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
	Years,	Months,	Days,	or Hours.†	
Consecutive and Contributing } _____					

Sanitary observations.....

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____ (Signature) Foy M.D.
Place of Burial St. Mary
Date of Burial Jan 21 - 86 Residence, R. H.
Name and Residence of Undertaker H. H.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here { Years, Mon. Days (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Indian, not named, give PATRON'S NAME.) Henry St. Geo. Gray
2. Age 1 years 6 months - days 5 Color W (If other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country.) N. Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Marshal Gray. (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Place of Death (If an Institution, state its name.) N. Y. (How long res. there.) (If dying away from home, give final Residence below.)
9. Date and Hour of Death:—Died on the 7 day of Feb 1886, at about 3 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and seal of Justice of Reporter.)

11. I Hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Acute Spinal Meningitis</u>	Duration of Disease in Years, Months, Days, or Hours.†			† The duration of each Disease, when given, is reckoned from its commencement until death.
	Consecutive and			
	Contributing			

Sanitary observations.....

Witness my hand this 8 day of Feb 1886. (Signature,) Skinner M.D.

No. of Burial Permit.....
Place of Burial Maple Grove
Date of Burial Feb 18-86 Residence,.....
Name and Residence of Undertaker H. S. Son

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
2714

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
 2. Age.....
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation.....
 5. Birthplace..... (State or Country)
 6. Father's Name and Birthplace..... (State or Country)
 7. Mother's Name and Birthplace..... (State or Country)
 8. Died at.....
 9. Date of Death.....
 10. Reported by..... 188.....
 11. Chief cause of Death.....
- Certified by.....
 Buried at.....
 By.....

Medical Attendant.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of.....

STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

1500

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Thos. J. Keegan*
2. Age..... years *8* months *5* days. Sex..... Color (Name, if other than the White.).....
3. Single, Married, Widowed (Cross out words not required in this line.)
4. Occupation.....
5. Birthplace (and State or Country.) *H. I.* (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace *John Keegan* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Marcella Reynolds* (State or Country) *N.Y.*
8. Place of Death (If an Institution, state its name.) *H. I.* (How long resident here.)..... (If dying away from home, give the Residence below.).....
9. Date and Hour of Death:—Died on the *9th* day of *Feb.*, 188*6*, at about *4 P.* M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from..... 188, to..... 188, that I last saw h..... 188 that..... died on the..... day of..... 188, about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written:

Chief and Determining } <i>Meningitis</i>	Duration of Disease in Years, Months, Days, or Hours.†
	<i>4</i>
Consecutive and Contributing }	

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this *10* day of *Feb* 188*6*

(Signature,) *Dolphin* M.D.

No. of Burial Permit.....

Place of Burial *St Marys Cn*

Date of Burial *Feb 11 1886*

Name and Residence } of Undertaker *W. J. Sullivan*

Residence,.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed
4. Occupation
5. Birthplace
- Color and Race
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Died at
- Resident here
9. Date of Death
10. Reported by
11. Chief cause of Death

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1890.

STATE OF NEW YORK.

Form 3.

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

6875

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Margaret Martin
2. Age 50 years — months 7 days. Sex ♀ Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) Widowed
4. Occupation Housekeeper
5. Birthplace (and State or Country) S. Dominick Ireland (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Jerry Hennessy (State or Country) Ireland
7. Mother's Name and Birthplace Catherine " " (State or Country)
8. Place of Death (If an Institution, state its name.) At 71 (How long resided here.) (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 11 day of July 1886, at about 4.30 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) John Martin

11. I Herewith Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining	<u>Consumption</u>	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.
	Consecutive and		
	Contributing		

Sanitary observations _____

Witness my hand this 12 day of July 1886

No. of Burial Permit _____ (Signature) J. Hennessy M. D.
 Place of Burial Marys Ave
 Date of Burial July 13 Residence, _____
 Name and Residence of Undertaker H. S. ...

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed, (Cross out the words not required in this item.)
4. Occupation
5. Birthplace, (State or Country)
- Color and Race, (if not white)
6. Father's Name and Birthplace, (State or Country)
7. Mother's Name and Birthplace, (State or Country)
8. Died at
- Resident here
9. Date of Death
10. Reported by
11. Chief cause of Death

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of.....

STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

Form 2.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

12

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Frank Welch
2. Age 1 years 6 months — days Sex — Color (Name, if other than the White.) —
3. Single, Married, Widowed (Cross out words not required in this item.) — 4. Occupation —
5. Birthplace (and State or Country.) St Petersburgh (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace Frank Welch (State or Country.) —
7. Mother's Name and Birthplace — (State or Country.) —
8. Place of Death (If an Institution, state its name.) St Peterstburgh (How long resident here.) — (If dying away from Home, give Home Address below.) —
9. Date and Hour of Death:—Died on the 20 day of July 1886 at about 10 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herby Certify, That I attended the deceased from — 188—, to — 188—, that I last saw h — 188— that — died on the — day of — 188—, about — o'clock — M., and that to the best of my knowledge and belief the Cause of h — death was as hereunder written :

Chief and Determining	Duration of Disease in				The duration of each Disease, when given, is reckoned from its commencement until death.
	Years	Months	Days	or Hours.	
Consecutive and Contributing					

Sanitary observations

Witness my hand this — day of — 188—.

No. of Burial Permit — (Signature) — M. D. —
 Place of Burial —
 Date of Burial — Residence, —
 Name and Residence of Undertaker —

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased Louisa E. Rich
2. Age 58
3. Single, Married or Widowed Widowed
4. Occupation Housewife
5. Birthplace Danbury, Ct.
- Color and Race, (if not white) White
6. Father's Name and Birthplace Daniel Griffith, Ct.
7. Mother's Name and Birthplace Eliza A. Griffith, Ct.
8. Died at H. 7
- Resident here 12 Years 3 Mos. 16 Days
9. Date of Death 2-3-1886
10. Reported by L. Rich
11. Chief cause of Death Heart Failure
- Certified by H. Hamon
- Buried at East Dorset
- By H. Hamon

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

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

250

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Ellen Flynn
2. Age 4 years 1 months 1 days Sex F Color Rose, if other than the White.
3. Single, Married, Widowed (Cross out words not required in this line.) Single
4. Occupation Housewife
5. Birthplace (Add State or Country.) H. 7, Ct. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Thos Flynn (State or Country.)
7. Mother's Name and Birthplace Howes (State or Country.)
8. Place of Death (If an Institution, state its name.) H. 7 (How long resided here.) (If dying away from Home, give Home address below.)
9. Date and Hour of Death:—Died on the 25 day of July 1886, at about noon M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Thos Flynn

11. I Hereby Certify, That I attended the deceased from 1886, to 1886, that I last saw her 1886 that she died on the 25 day of July 1886, about noon o'clock M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

Chief and Determining } <u>Marasmus</u> Consecutive and Contributing }	Duration of Disease in Years, Months, Days, or Hours.†		† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this 25 day of July 1886.

No. of Burial Permit _____ (Signature) H. Hamon M.D.

Place of Burial East Dorset

Date of Burial July 25 1886 Residence, _____

Name and Residence of Undertaker H. Hamon

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased J. J. Ruby ⁸⁷³⁰
 2. Age 14-9-23
 3. Single, Married or Widowed Single (Cross out the words not required in this line.)
 4. Occupation _____
 5. Birthplace 76 7 (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace Frank Ruby (State or Country)
 7. Mother's Name and Birthplace Margaret Ruby (State or Country)
 8. Died at H. J. Ruby
 Resident here }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death July 26 1886
 10. Reported by J. J. Ruby 188____
 11. Chief cause of Death Heart Disease
 Certified by Shaw Medical Attendant.
 Buried at St. Mary's
 By July 28

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding Entry in Registry Book of Deaths to be inserted here by the Registrar.

3600

In the Town (Village) City of _____
 1. Full Name of Deceased (If an infant, not named, give parents' names.) Julia Corbit
 2. Age 11 years _____ months _____ days Sex _____ Color _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) W. Hoosac (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Pat Corbit (State or Country) Ireland
 7. Mother's Name and Birthplace Mary (State or Country) _____
 8. Place of Death (If an Institution, state its name.) No. Hoosac (How long resided here.) _____ (If dying away from home, give Home Address below.)
 9. Date and Hour of Death:—Died on the 24 day of July 1886, at about 2:30 P.M.
 10. I hereby report this Death, and certify, that the foregoing statements are true according to the best of my knowledge.
 (Signature and Residence of Reporter.) Pat Corbitt

11. I Hereby Certify, That I attended the deceased from _____ 188____, to _____ 188____, that I last saw h _____ 188____ that _____ died on the _____ day of _____ 188____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

Chief and Determining } _____	Consecutive and Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of such Disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this 25 day of July 1886
 No. of Burial Permit _____ (Signature) Shaw M.D.
 Place of Burial St. Mary's Church
 Date of Burial July 26 1886 Residence, _____
 Name and Residence of Undertaker H. W. ...

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

70 00.

8 00.

24 00.

40 00.

25 00.

15 00.

68 75.

13 00.

2 50.

36 00.

\$ 310.25 Total for Decker
From Jan. 1 - to May 26 -

1886

RECORD
OF
DEATHS.

BY

From May 26, 1886.

To Apr 3, 1886.

10 Deaths

Book No 2

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by.....
..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

8150

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) J. J. Raley
2. Age 14 years 9 months 23 days Sex Color (Name, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country.) H. I. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Frank Raley (State or Country)
7. Mother's Name and Birthplace Margaret Raley (State or Country)
8. Place of Death (If an Institution, state its name.) H. I. (How long res. least here.) (if dying away from home, give floor address below.)
9. Date and Hour of Death:—Died on the 26 day of July 1886, at about M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from 188 , to 188 , that I last saw h 188 that died on the day of 188 , about o'clock M., and that to the best of my knowledge and belief the Cause of h death was as hereunder written :

Chief and } <u>Heart Failure</u> Determining } Consecutive and } Contributing }	Duration of Disease in Years, Months, Days, or Hours.† † The duration of each Disease, when given, is reckoned from its commencement until death.
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Sanitary observations.....

Witness my hand this day of 188 .

No. of Burial Permit (Signature) M. D.
 Place of Burial St. Mary's Am.
 Date of Burial July 28th 86 Residence, H. I.
 Name and } of Undertaker
 Residence }

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

CERTIFICATE OF DEATH.

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

11,51

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Louisa Rich
 2. Age 58 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation Housekeeper
 5. Birthplace (and State or Country.) Danbury Vt. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace David Griffith (State or Country) Vt.
 7. Mother's Name and Birthplace Eliza (State or Country) "
 8. Place of Death (If an Institution, state its name.) H. H. (How long resided here.) 12 yrs (if dying away from Home, give Home Address below)
 9. Date and Hour of Death:—Died on the 2 day of 9 1886, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Registrar.)

11. I Hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <u>Heart Failure</u>	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each disease, when given, is reckoned from its commencement until death.
Consecutive and Contributing } _____	_____	
_____	_____	

Sanitary observations.....

Witness my hand this _____ day of _____ 188.

No. of Burial Permit Dorset Vt. (Signature,) Hannon M.D.
 Place of Burial Dorset Vt.
 Date of Burial 8-2-4-86 Residence, _____
 Name and Residence of Undertaker H. H. Tison

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
 2. Age.....
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation.....
 5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
 6. Father's Name and Birthplace..... (State or Country).....
 7. Mother's Name and Birthplace..... (State or Country).....
 8. Died at.....
Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
 9. Date of Death.....
 10. Reported by..... 188.....
 11. Chief cause of Death.....
- Certified by.....
Buried at.....
By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

8360

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Anne Townsend.
2. Age 70 years 4 months days Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) Widowed 4. Occupation Housekeeper.
5. Birthplace (and State or Country) Belfast, Ireland. How long in the United States, if of foreign birth. 17 yrs.
6. Father's Name and Birthplace John Kaper. (State or Country) Ireland.
7. Mother's Name and Birthplace Mary Dunbar. (State or Country) "
8. Place of Death (If an Institution, state its name.) H. H. (How long res-ident here.) (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 3 day of 3 1886, at about 11:30 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and resi-dence of Registrar.) Jas. Seward.

11. I Herely Certify, That I attended the deceased from 188 , to 188 , that I last saw h 188 that died on the day of 188 , about o'clock M., and that to the best of my knowledge and belief the Cause of h death was as hereunder written :

		Duration of Disease in			* The duration of each Disease, when given, is reckoned from its commencement until death.
		Years,	Months,	Days, or Hours.†	
Chief and Determining }	<u>Died From Exhaustion</u>		<u>Indefinite</u>		* The duration of each Disease, when given, is reckoned from its commencement until death.
	<u>Hotnail Liver</u>				
Consecutive and Contributing }	<u>Sclerosis of the Liver.</u>				
	<u> </u>				

Sanitary observations.....

Witness my hand this day of 188 .

(Signature,) Hannow. M. D.

No. of Burial Permit
Place of Burial St Marys Cem.
Date of Burial 3-5-86
Name and Residence of Undertaker W. T. Sou.

Residence,.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5500

In the Town (Village) City of.....

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Francis "Harwell" Barnett
2. Age 19 years months days. Sex M. Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country) Herrick (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Mrs. B. Barnett (State or Country) N.Y.
7. Mother's Name and Birthplace Sarah A. Chase (State or Country)
8. Place of Death (If an Institution, state its name.) Herrick Falls (How long resided here.) (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 4 day of 3 1886, at about 9 a. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and residence of Reporter.) Alvah A. Harwell

11. I hereby Certify, That I attended the deceased from 188 , to 188 , that I last saw h 188 that died on the day of 188 , about o'clock M., and that to the best of my knowledge and belief the Cause of h death was as hereunder written:

<p>Chief and Determining } <u>Tubercle Pneumonia.</u></p> <p>Consecutive and Contributing } <u> </u></p>	<p>Duration of Disease in Years, Months, Days, or Hours.†</p> <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this 4 day of March 1886.

No. of Burial Permit (Signature) Harmon M.D.
Place of Burial Maple Grove Cem.
Date of Burial March 6-86 Residence, H. F.
Name and Residence of Undertaker

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓢ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
1200

- In the Town (Village) City of Hoosick Falls.
1. Full Name of Deceased (If an Infant, not named, give parents' names.) John Francis Hickey
 2. Age 1 years 2 months days. Sex M. Color (Race, if other than the White)
 3. Single, ~~Married~~ ~~Widowed~~ 4. Occupation
 5. Birthplace (and State or Country) Hoosick Falls (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace William Hickey (State or Country) Putnam
 7. Mother's Name and Birthplace Ellen (State or Country)
 8. Place of Death (If an Institution, state its name.) (How long resided here.) (If dying away from Home, give Home Residence below.)
 9. Date and Hour of Death:—Died on the 5 day of March 1886, at about 8:30 A.M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Ellen Hickey

11. I Hereby Certify, That I attended the deceased from 188 , to 188 , that I last saw him 188 that died on the day of 188 , about o'clock M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <u>Marasmus</u>	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing } <u> </u>	† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this day of 188 .

No. of Burial Permit
 Place of Burial March 6 86
 Date of Burial March 6 86
 Name and Residence of Undertaker

(Signature) Putnam M.D.
 Residence,

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
- Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Michael Wallon
2. Age 37 years — months — days. Sex M. Color (Race, if other than the White.)
3. ~~Single~~, Married, Widowed (Cross out words not required in this line.) Occupation Machinist.
5. Birthplace (and State or Country) Ireland. (How long in the United States, if of foreign birth.) 37 yrs.
6. Father's Name and Birthplace James Wallon (State or Country) Ireland
7. Mother's Name and Birthplace Mary " " (State or Country)
8. Place of Death (If an Institution, state its name.) H. F. (How long resided here.) 344 (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 14 day of March, 1886, at about 3 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and rank of Doctor of Medicine.)

11. I hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Acute Phthisis.</u>	Duration of Disease in			† The duration of each Disease, when given, is reckoned from its commencement until death.
	Years, Months, Days, or Hours.†			
Consecutive and Contributing }	(Empty space for cause of death details)			

Sanitary observations.....

Witness my hand this..... day of..... 188 .

No. of Burial Permit..... (Signature,) Pulman M.D.
 Place of Burial St Marys Cur.
 Date of Burial 3-16-86 Residence, H. F.
 Name and Residence of Undertaker.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5844

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE.—This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

6150

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) James Henry Smith
2. Age 16 years 9 months 22 days Sex M Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country) H. Ia. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace James Smith (State or Country) Ireland
7. Mother's Name and Birthplace Mary " " (State or Country) "
8. Place of Death (If an Institution, state its name.) H. Ia. (How long resided here.) 16 years (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 21 day of March, 1886, at about P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and rank of Justice of Reporter.) Mary Smith

11. I Hereby Certify, That I attended the deceased from _____ 1886, to _____ 1886, that I last saw him _____ 1886 that _____ died on the _____ day of _____ 1886, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <u>Pyloric Pulmonary</u> Consecutive and } _____ Contributing } _____	Duration of Disease in		† The duration of each Disease, when given, is reckoned from its commencement until death.
	Years,	Months, Days, or Hours.†	

Sanitary observations.....

Witness my hand this _____ day of _____ 1886.

No. of Burial Permit _____ (Signature) Putnam M.D.
 Place of Burial St Marys Cem.
 Date of Burial 3-23-86
 Name and Residence of Undertaker H. J.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed
4. Occupation
5. Birthplace
- Color and Race
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Died at
- Resident here
9. Date of Death
10. Reported by
11. Chief cause of Death

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

300

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Infant of John C. Cookley
2. Age..... years..... months..... days Sex..... Color (Name, if other than the White.).....
3. Single, Married, Widowed (Cross out words not required to this line.) 4. Occupation.....
5. Birthplace (and State or Country.)..... (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace..... (State or Country.).....
7. Mother's Name and Birthplace..... (State or Country.).....
8. Place of Death (If an Institution, state its name.)..... (How long resided here.)..... (If dying away from Home, give Home Address below.).....
9. Date and Hour of Death:—Died on the..... day of..... 188....., at about..... M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from..... 188....., to..... 188....., that I last saw h..... 188..... that..... died on the..... day of..... 188....., about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written:

Chief and Determining

Consecutive and Contributing

Duration of Disease in			
Years,	Months,	Days,	or Hours.

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this..... day of..... 188.....

No. of Burial Permit..... (Signature)..... M. D.
Place of Burial Wharves
Date of Burial March 26 Residence,.....
Name and Residence of Undertaker.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE.—This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed
4. Occupation
5. Birthplace
- Color and Race
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Died at
- Resident here
9. Date of Death
10. Reported by
11. Chief cause of Death

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1890.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of

STATE OF NEW YORK.

Form 3.

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

8175

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Pendergast.
2. Age 2 years 3 months 7 days Sex Female Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country.) H. T. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Michael Pendergast (State or Country) Cambridge
7. Mother's Name and Birthplace Rizzie (State or Country) H. T.
8. Place of Death (If an Institution, state its name.) H. T. (How long resided here.) (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 23 day of March, 1886, at about 1 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Sarah McGrath

11. I Herely Certify, That I attended the deceased from 188 to 188, that I last saw h 188 that died on the day of 188, about o'clock M., and that to the best of my knowledge and belief the Cause of h death was as hereunder written :

Chief and Determining } <u>Meningitis</u>	Consecutive and Contributing }	Duration of Disease in		† The duration of each Disease, when given, is reckoned from its commencement until death.
		Years,	Months, Days, or Hours.†	

Sanitary observations

Witness my hand this day of 188.

No. of Burial Permit _____ (Signature) Rumier M.D.
 Place of Burial St Mary C.
 Date of Burial 3-26-86 Residence, _____
 Name and Residence of Undertaker _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed
4. Occupation
5. Birthplace
- Color and Race
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Died at
- Resident here
9. Date of Death
10. Reported by
11. Chief cause of Death

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

Medical Attendant.

STATE OF NEW YORK.

Form 2.

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

1400

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) John Randall
2. Age 0 years 5 months days Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country) Peterburgh (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace (State or Country.)
7. Mother's Name and Birthplace (State or Country.)
8. Place of Death (If an Institution, state its name.) Peterburgh (How long resided here.) (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 30 day of March 1886, at about M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and real name of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining	Consecutive and Contributing	Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
		Years,	Months,	Days,	or Hours.†	

Sanitary observations _____

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature) _____ M. D.
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓢ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

14 00.

31 75.

3 00

51 50.

58 00

12 00.

53 00.

30 00.

41 50

81 50.

8 378,25

Total.

RECORD
OF
DEATHS.

BY

From Apr 3, 1886

To May 3, 1886

11 deaths

Book # 3,

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
- Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Indian, not named, give parents' names.) J. Wallace Lynch
2. Age 28 years 5 months 5 days Sex M. Color (Race, if other than the White.)
3. Single, Married, Widowed, (Cross out words not required in this line.)
4. Occupation Machinist
5. Birthplace (and State or Country.) A. S. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace W. Lynch (State or Country)
7. Mother's Name and Birthplace Bridget (State or Country)
8. Place of Death (If an Institution, state its name.) A. S. (How long resided here.)
9. Date and Hour of Death:—Died on the 2 day of Apr. 1886, at about 10 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herewith Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Phthisis Pulmonalis</u> Consecutive and Contributing }	Duration of Disease in Years, Months, Days, or Hours.† † The duration of such Disease, when given, is reckoned from its commencement until death.
--	--

Sanitary observations.....

Witness my hand this 3 day of Apr 1886.

(Signature) Stammon M.D.

No. of Burial Permit.....
 Place of Burial St Mary's Cem.
 Date of Burial 4 Apr - 86
 Name and Residence of Undertaker H. T. Som

Residence,

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inscribed here by the Registrar.
5349

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓔ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 - Color and Race
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inscribed here by the Registrar.

500

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Not named
2. Age..... years..... months 4 26 2 days Sex F Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country) H. F. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Edw Dwyer (State or Country) N. Y.
7. Mother's Name and Birthplace Eliza Smith Dwyer (State or Country)
8. Place of Death (If an Institution, state its name.) H. F. (How long resided here.) (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 4 day of Apr 1886, at about..... M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining	Heart Failure	Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
		Years,	Months,	Days,	or Hours.†	
Consecutive and Contributing						

Sanitary observations.....

Witness my hand this 4 day of 3 1886

No. of Burial Permit..... (Signature) Hannon M. D.
 Place of Burial St Marys
 Date of Burial 7-3-86 Residence,.....
 Name and Residence of Undertaker.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here { Years Mon. Days (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 8.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
87107

In the Town (Village) City of.....

1. Full Name of Deceased (If an Indian, not named, give parents' names.) *Mary Ann Morrison*
2. Age *75* years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) *C. Carlow, Ireland* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Timothy Callahan* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Alice* " " " " " "
8. Place of Death (If an Institution, state its name.) *H. I.* (How long resident here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the *4* day of *Apr.* 188*6*, at about _____ P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

Chief and Determining } <i>Exhaustion from abdominal tumor the nature of which</i> Consecutive and } <i>no one disease is certain</i> Contributing } <i>without a hot morbid</i>	Duration of Disease in			† The duration of each disease, when given, is reckoned from its commencement until death.
	Years,	Months,	Days, or Hours.†	

Sanitary observations.....

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____ (Signature) *Harrison* M.D.
 Place of Burial *No Adams Mass*
 Date of Burial *4-6-16* Residence, _____
 Name and Residence of Undertaker _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here } Years Mon. Days (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inscribed here by the Registrar.
2425

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Arthur Cornue.
2. Age 3 years 4 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) H. I. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Felix Cornue (State or Country) _____
7. Mother's Name and Birthplace Marie Sylvester (State or Country) _____
8. Place of Death (If an Institution, state the name.) H. I. (How long absent here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 17 day of Apr 1886, at about 11 a M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and Residence of Reporter.) Felix Cornue,

11. I Herby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

Chief and Determining } <u>Drowned in</u> <u>Hoosick River</u>	Duration of Disease in			The duration of each Disease, when given, is reckoned from its commencement until death.
	Years, Months, Days, or Hours.†			
Consecutive and Contributing } <u>April 7 1886</u>				

Sanitary observations.....

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____ (Signature,) _____ M.D.
Place of Burial Hoosick Falls.
Date of Burial April 1886 Residence, _____
Name and Residence of Undertaker John

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

[P] This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
Buried at.....
By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 2.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

2104

- In the Town (Village) City of..... *Stamford*
1. Full Name of Deceased (If an Infant, not named, give parents' names.) *John Bradley*
 2. Age *2* years *7* months *28* days Sex..... Color (Race, if other than the White.)
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
 5. Birthplace (and State or Country.) *Stoosac, N.Y.* (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace *Timothy Bradley* (State or Country) *Ireland*
 7. Mother's Name and Birthplace *Margaret* (State or Country) *"*
 8. Place of Death (If an Institution, state its name.) *H.S.P.* (How long resided here.) (If dying away from home, give Home Residence below.)
 9. Date and Hour of Death:—Died on the *17* day of *Apr* 18*86*, at about *5* P.M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.)
11. I Herewith Certify, That I attended the deceased from..... 188, to..... 188, that I last saw him..... 188 that..... died on the..... day of..... 188, about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <i>Convulsions</i>	Duration of Disease in Years, Months, Days, or Hours.			† The duration of each Disease, when given, is reckoned from its commencement until death.
	Consecutive and } _____	_____	_____	
	Contributing } _____	_____	_____	

Sanitary observations.....
Witness my hand this *17* day of *Apr* 18*86*,
(Signature) *D. Cannon* M.D.
No. of Burial Permit.....
Place of Burial *St. Mary's Cem.*
Date of Burial *Apr 17 1886*
Residence,.....
Name and Residence of Undertaker *J. H. Low*

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

25125

In the Town (Village) City of.....

1. Full Name of Deceased (If an Indian, not named, give person's name.) Lena Mullaway
2. Age 4 years 3 months days Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country.) Lorick Falls, N.Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Mich Mullaway (State or Country.)
7. Mother's Name and Birthplace Fizzie Bartley (State or Country.) Penn.
8. Place of Death (If an Institution, state its name.) Lorick Falls, N.Y. (If long residence, state here.) (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 22 day of April 1886, at about 7 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Mich Mullaway

11. I hereby certify, That I attended the deceased from Apr 22 1886, to Apr 22 1886, that I last saw her on Apr 22 1886 (that she died on the 22 day of Apr 1886, about 7 o'clock P. M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

Chief and Determining } <u>Cerebro Spinal Meningitis</u> <u>and Convulsions</u>	Duration of Disease in Years, Months, Days, or Hours.† <u>2 days</u>
Consecutive and Contributing } _____	_____

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this day of 188 .

(Signature,) M. D. L. Dolph M.D.

No. of Burial Permit
 Place of Burial St Mary's Cem.
 Date of Burial Apr 23 1886.
 Name and Residence of Undertaker St John.

Residence, _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
- Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 8.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

6502

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Edw. Daily
2. Age 47 years 7 months " days. Sex " Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation Laborer
5. Birthplace (and State or Country) (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace (State or Country)
7. Mother's Name and Birthplace (State or Country)
8. Place of Death (If an Institution, state its name.) H. J. (How long resided here.) (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 25 day of Apr 1886, at about 11 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from 188 , to 188 , that I last saw h 188 that died on the day of 188 , about o'clock M., and that to the best of my knowledge and belief the Cause of h death was as hereunder written :

Chief and Determining } <u>Phthisis</u> Consecutive and Contributing }	Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this day of 188 .

No. of Burial Permit (Signature) M. D.
 Place of Burial St Marys Cem.
 Date of Burial Apr 25 1886 Residence,
 Name and Residence of Undertaker St J. Low.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
 - Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
 Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

Medical Attendant.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of..... STATE OF NEW YORK.

Form 3.

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

3500

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) W. M. Codman
2. Age 35 years months days. Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country.) (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace (State or Country)
7. Mother's Name and Birthplace (State or Country)
8. Place of Death (If an Institution, state its name.) (How long resided here.) (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the _____ day of _____ 188 , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw him _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <u>Pulmonary Hemorrhage.</u> <u>Following advanced phthisis</u> Consecutive and } Contributing }	Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____
 Place of Burial Hinsdale N.Y. (Signature,) S. A. Skinner M.D.
 Date of Burial Apr. 28th 1886 Residence, H. F.
 Name and Residence of Undertaker Chandler & Son

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

EP This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 8.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

500

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Arthur D Sweet
2. Age 16 years 10 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Town of Haverhill (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Chas Sweet (State or Country) _____
7. Mother's Name and Birthplace J. B. Ball (State or Country) _____
8. Place of Death (If an Institution, state its name.) Haverhill Falls (How long resident here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 30 day of Apr 1887, at about 6 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and Title of Reporter.) J. M. Rose Brooks

11. I Hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <u>Exhaustion from Meningeal case traits following acute pneumonia.</u> Consecutive and } _____ Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature) Hannon M.D.
 Place of Burial Maple Grove
 Date of Burial May 2 1887 Residence, _____
 Name and Residence of Undertaker A. J. Snow

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased } *Carroll*
2. Age } *8 mos*
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation
5. Birthplace } *Horseneck (State of) N. Jersey*
6. Father's Name and Birthplace. (If not white.)
7. Mother's Name and Birthplace.
8. Died at } *H. J.*
- Resident here }

Years	Mon.	Days
	3	

 (How long in the United States, if of foreign birth.)
9. Date of Death } *May 2-86*
10. Reported by
11. Chief cause of Death } *Inflammation of the lungs*
- Certified by } *H. J.* Medical Attendant.
- Buried at } *St. Mary's Church*
- By } *May 3-86*

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

600

In the Town (Village) City of.....

1. Full Name of Deceased (If an infant, not named, give parents' names.) } *David Carroll*
2. Age } years } months } *21* days. Sex } Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) } 4. Occupation
5. Birthplace (and State or Country.) } *H. J.* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace } *Thos. Carroll* (State or Country) } *Ireland*
7. Mother's Name and Birthplace } *Bridg. Stafford* (State or Country) }
8. Place of Death (If an Institution, state its name.) } *H. J.* (How long resided here.) (If dying away from home, give near location below.)
9. Date and Hour of Death:—Died on the } *2* day of } *May*, 183*6* at about } *9 P.M.*
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) } *Thos. Carroll*

11. I hereby certify, That I attended the deceased from 188*8*, to 188*8*, that I last saw him 188*8* that died on the day of 188*8*, about o'clock M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining	} <i>Bronchitis with Heart Complication</i>	Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
		Years	Months	Days	or Hours	
Consecutive and Contributing	} _____					

Sanitary observations

Witness my hand this } *3* day of } *May*, 188*6*

No. of Burial Permit } _____ (Signature,) } *Dolphin* M.D.

Place of Burial } *St. Mary's Church*

Date of Burial } *May 3-1886* Residence, _____

Name and Residence of Undertaker } _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

11 deaths in this
Booth

6
12

50

35

25 25

60 00

21 00

24 25

81 00

35 00

3 00

~~424 80~~

374 50

Total from
Apr 30 May 3

RECORD
OF
DEATHS.

BY

From May 4, 1886.
To June 7, 1886.

9

Fourteen deaths recorded in
this Book.

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.-Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

- 5573
- Full name of deceased } *Walter Doran*
 - Age..... *28-7*
 - Single, Married or Widowed, (Cross out the words not required in this line.)
 - Occupation..... *Blacksmith*
 - Birthplace..... *H. F.* (State or Country) *N.Y.*
 - Color and Race, (if not white)
 - Father's Name and Birthplace..... *Jas. Doran* (State or Country) *Ireland*
 - Mother's Name and Birthplace..... *Ellen Doran* (State or Country) *Ireland*
 - Died at..... *H. F.*
 - Resident here }

Years	Mo.	Days
<i>28</i>	<i>7</i>	<i>-</i>

(How long in the United States, if of foreign birth.)
 - Date of Death..... *May 6-86*
 - Reported by..... *Jas Doran*
May 6..... 188*6*
 - Chief cause of Death..... *Cancer*
stomach
 - Certified by..... *Harmon*
Medical Attendant.
 - Buried at..... *St Marys*
May 10th
 - By..... *W. J. Dow*

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) John W. Filkins
2. Age 65 years 11 months 12 days Sex..... Color (Race, if other than the White.).....
3. ~~Single~~, Married, ~~Widowed~~ (Cross out words not required in this line.) Occupation.....
5. Birthplace (and State or Country) Clifton Park, N.Y. (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace Wm. Filkins (State or Country).....
7. Mother's Name and Birthplace Elizabeth (State or Country).....
8. Place of Death (If an Institution, state its name.) Hosick Falls (How long res. here.)..... (if dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 5 day of May, 1886, at about 1.45 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true, according to the best of my knowledge.
 (Signature and residence of Reporter.) Chas. E. Filkins

11. I hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that died on the day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining	<u>Chronic Bronchitis</u>	Duration of Disease in		
		Years	Months	Days, or Hours.†
Consecutive and Contributing				

† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations Good

Witness my hand this day of..... 188 .

No. of Burial Permit..... (Signature,) Shaw M.D.
 Place of Burial Maple Grove
 Date of Burial May 8 86 Residence, Clifton Park
 Name and Residence of Undertaker Wm. J. Jones

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Should be certified by the head of the family or other responsible friend.
 Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5000

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
 Resident here {

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by.....
188.....
11. Chief cause of Death.....

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 1.
No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.

2525

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Michael Malon
2. Age 3 years months days Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (And State or Country) N. Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John Malon, Ireland (State or Country)
7. Mother's Name and Birthplace Mary Caulfield (State or Country) N. Y.
8. Place of Death (If an Institution, state its name.) N. Y. (How long res. here.) (If dying away from home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 17 day of May 1886, at about 9 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and real name of Reporter.)

11. I Herely Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Cerebritis</u> Consecutive and Contributing } <u> </u>	Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this 5 day of 5 1886.

No. of Burial Permit..... (Signature,) M. F. Dolfin M.D.
 Place of Burial St Mary Ann
 Date of Burial May 19/86 Residence, N. Y.
 Name and Residence of Undertaker.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased } *Flora M. Milliman* ^{15 m.}
2. Age..... *7 m. 15 d.*
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... *N.Y.* (State or Country) *N.Y.*
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... *Jay Milliman* *N.Y.* (State or Country)
7. Mother's Name and Birthplace..... *Ellen* *Pennsylvania* (State or Country)
8. Died at..... *St. J.*
- Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death..... *June 4*
10. Reported by..... *Jay Milliman*
June 4 188*6*
11. Chief cause of Death..... *Respiration*
the lungs
- Certified by..... *Sham* Medical Attendant.
- Buried at..... *Maple Grove*
- By..... *Sham*

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 2.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

962

In the Town (Village) City of..... *Mrs Jones*

1. Full Name of Deceased (If an Infant, not named, give parents' names.)..... *Mrs Jones*
2. Age..... *19* years..... months..... days. Sex..... Color (Race, if other than the White.).....
3. Single, Married, Widowed (Cross out words not required in this line.)..... 4. Occupation.....
5. Birthplace (and State or Country)..... *Ireland* (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace..... *Mrs Jones Ireland* (State or Country.).....
7. Mother's Name and Birthplace..... *Mary* (State or Country.).....
8. Place of Death (If an Institution, state its name.)..... *St. J.* (How long resided here.)..... (If dying away from home, give home address below.).....
9. Date and Hour of Death:—Died on the..... *18* day of..... *May* 188*6* at about..... *10 30 a.m.*
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge. (Signature and rank of Reporter.)..... *Mrs Sherman*

11. I Hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and } Determining <i>Con.</i>			
	Consecutive and } Contributing		
			

Duration of Disease in			
Years	Months	Days	Hours.

† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations.....
Witness my hand this..... day of..... 188 .

No. of Burial Permit.....
Place of Burial..... *St. Mary's*
Date of Burial..... *May 20 1886*
Name and Residence of Undertaker..... *St. J.*
(Signature,)..... *Dolphin* M.D. Residence,.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased { *Edu. Driscoll* }
 2. Age *27* years *7* months *7* days
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation *Housekeeper*
 5. Birthplace *H. J.* (State or Country)
 Color and Race, (if not white)
 6. Father's Name and Birthplace *Thos. Driscoll Conn.*
 7. Mother's Name and Birthplace *Ellen Driscoll N.Y.*
 8. Died at *H. J.*
 Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death *9 May 1886*
 10. Reported by *J. Driscoll*
 11. Chief cause of Death

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 8. No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

300

In the Town (Village) City of *Flora S. Tuth. Welch*
 1. Full Name of Deceased (If an Infant, not named, give parents' names.)
 2. Age *27* years *7* months *7* days Sex *Female* Color (Race, if other than the White.)
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation *Housekeeper*
 5. Birthplace (and State or Country) *Millburgh N.Y.* (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace *Thos. Driscoll N.Y.* (State or Country.)
 7. Mother's Name and Birthplace *Solia N.Y.* (State or Country.)
 8. Place of Death (If an Institution, state its name.) *Hallowensac* (How long resident here.) *9 W* (If dying away from Home, give Home Residence below.)
 9. Date and Hour of Death:—Died on the *20* day of *May*, 1886, at about *9* o'clock A.M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herewith Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw him _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <i>Septicemia</i>	Duration of Disease in Years, Months, Days, or Hours.†			
Consecutive and Contributing } _____				

† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this *20* day of *May* 1886.

No. of Burial Permit _____ (Signature) *W. E. Fox* M.D.
 Place of Burial *Hallowensac*
 Date of Burial *May 21 1886* Residence, *N. H.*
 Name and Residence of Undertaker *J. H. W.*

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased } *Carnie Bailey* ^{14th}
 2. Age *2 yrs.*
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation *Berlin St.*
 5. Birthplace *St. L. Reno* (State or Country)
 Color and Race, (if not white)
 6. Father's Name and Birthplace *Geo. Bailey* (State or Country)
 7. Mother's Name and Birthplace *Abigail Bailey* (State or Country)
 8. Died at *Harwick Falls*
 Resident here }

Years	Mo.	Days

(How long in the United States, if of foreign birth.)
 9. Date of Death *May 3rd 1886*
 10. Reported by *Geo Bailey*
 11. Chief cause of Death *Croup*
 Certified by *Lamb* Medical Attendant.
 Buried at *Roswell*
 By *A. J. S.*

Should be certified by the head of the family or other responsible friend.
 Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

STATE OF NEW YORK.

County of

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

31,23

In the Town (Village) City of

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Jane Murray*
 2. Age *85* years *0* months *0* days Sex *Female* Color *White*
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
 5. Birthplace (and State or Country.) *Ireland* (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace *Thos Mc Loughlin* (State or Country) *Ireland*
 7. Mother's Name and Birthplace
 8. Place of Death (If an Institution, state its name.) *St. J.* (How long resided here.) *St. J.* (If dying away from Home, give Home Residence below.)
 9. Date and Hour of Death:—Died on the *23* day of *May*, 188*6*, at about *5 P.* M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Residence and residence of Reporter.) *Mrs Jane Dolan*

11. I Hereby Certify, That I attended the deceased from *1886* to *1886*, that I last saw him *1886* that *1886* died on the *23* day of *May*, 188*6*, about *5* o'clock *P.* M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <i>Old Age.</i>	Duration of Disease in Years, Months, Days, or Hours.†		† The duration of each Disease, when given, is reckoned from its commencement until death.
Consecutive and Contributing } <i> </i>			

Sanitary observations

Witness my hand this *23* day of *May*, 188*6*.

No. of Burial Permit *21 Murray Ave. St. J.*
 Place of Burial *St. Mary's Ave. St. J.*
 Date of Burial *May 3rd 1886*
 of Undertaker *A. J. S.* (Signature.) *D. J. S.* M.D.
 Residence,

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

4325

1. Full name of deceased Ferdinand Melon Blair

2. Age 68 years

3. Single, Married or Widowed Married

4. Occupation Farmer

5. Birthplace Stooseek (State or Country)

6. Color and Race (if not white)

7. Father's Name and Birthplace

8. Died at Stooseek

9. Date of Death May 29/1886

10. Reported by Widow

11. Chief cause of Death Apoplexy

Certified by Palman Medical Attendant

Buried at St. Mary's 31 May

By Widow

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

STATE OF NEW YORK, County of

CERTIFICATE OF DEATH,

In the Town (Village) City of Albany

1. Full Name of Deceased (If an Infant, not named, give parents' names) Mary Donovan

2. Age 46 years — months — days. Sex — Color (Race, if other than the White)

3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation —

5. Birthplace (and State or Country) — (How long in the United States, if of foreign birth)

6. Father's Name and Birthplace — (State or Country)

7. Mother's Name and Birthplace — (State or Country)

8. Place of Death (If an Institution, state its name) Albany (How long resided here.) (If dying away from Home, give Home Residence below.)

9. Date and Hour of Death:—Died on the 26 day of May 1886, at about — M.

10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from — 188—, to — 188—, that I last saw h — 188— that — died on the — day of — 188—, about — o'clock — M., and that to the best of my knowledge and belief the Cause of h — death was as hereunder written:

Chief and Determining } <u>Refshritis</u>	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing } <u> </u>	

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations

Witness my hand this day of 188 .

No. of Burial Permit (Signature) M. D.

Place of Burial St. Mary's

Date of Burial May 31 1886 Residence,

Name and Residence of Undertaker

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

6500

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased } *Stanley Murphy*

2. Age..... *73*

3. ~~Single~~, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation..... *Bookkeeper*

5. Birthplace..... *Ireland* (State or Country) *C. Cal*

Color and Race, (if not white).....

6. Father's Name and Birthplace..... *Kevin*

Cochlin..... (State or Country) *Pa*

7. Mother's Name and Birthplace..... *Brid*

Healey..... (State or Country) *Ireland*

8. Died at..... *W. J.*

Resident here }

Years	Mon.	Days
<i>21</i>		

 (How long in the United States, if of foreign birth.)

9. Date of Death..... *May 29*

10. Reported by..... *J. H. McGrath*

.....188.....

11. Chief cause of Death..... *Heart*

Disease

Certified by..... *H. H. H.*

Buried at..... *St. Mary's H. of*

By..... *H. H. H.*

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased } *Catherine*
 } *Dougherty*

2. Age *25-1/2*

3. ~~Single~~, Married or ~~Widowed~~, (Cross out the words required in this line)

4. Occupation.....

5. Birthplace *Burrville* (State or Country).....

Color and Race, (if not white).....

6. Father's Name and Birthplace.....

Mr Dougherty *York* (State or Country).....

7. Mother's Name and Birthplace.....

Ellen Dougherty (State or Country).....

8. Died at *At Home*.....

Resident here }

Years	Mon.	Days
<i>6</i>		

 (How long in the State, if of foreign birth)

9. Date of Death *May 29/11*.....

10. Reported by.....

11. Chief cause of Death.....

Orchery.....

Certified by *Dr. White*.....

Buried at *St. Mary's* Medical & Burial Ground.....

By *H. L. Lee*.....

This stub will not be received as a certificate of death as it is intended to aid the physician in keeping a register of the deaths occurring in his practice.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

52-26

REPORT OF DEATH

1. Full name of deceased } *Mary Spindrift*

2. Age..... *24*

3. Single, Married or ~~Widowed~~, (Cross out the words not required in this case.)

4. Occupation..... *Housekeeper*

5. Birthplace..... *So. Car. (State or Country)*

Color and Race, (if not white).....

6. Father's Name and Birthplace..... *Wm. H. Flarely (State or Country)*

7. Mother's Name and Birthplace.....

8. Died at..... *H. F.*

Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death..... *May 27/86*

10. Reported by.....

..... 188.....

11. Chief cause of Death..... *Schuld*

Certified by..... *D. P. H. M. D.*

Buried at..... *St. Mary's Cem.*

By..... *A. J. Son*

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

+ 35.75

+ 30.00

+ 25.25

+ 36.25

+ 8.00

+ 7.00

+ 81.25

+ 14.00

+ 65.00

- 43.25

- 75.25

- 69.37

+ 52.25

\$ 351.62

15.00

Total 566.62

RECORD
OF
DEATHS.

BY

From June 9, 1886.

To July 27, 1886.

Book #5.

10 Deaths

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. }
 MEDICAL. }

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH.

Form 3.

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

302

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) Mary McNamee
2. Age 70 years _____ months _____ days Sex _____ Color (Race, if other than the White) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Smith (State or Country) Ireland
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) Horridale Falls (How long resident here.) 1270 (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 9 day of June 1886, at about 10 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Mr John Smith

11. I hereby Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Phthisis.</u>	
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 12 day of June 1886

No. of Burial Permit _____
 Place of Burial St Marys Co (Signature) W. E. Fox M.D.
 Date of Burial 6-14-86
 Name and Residence of Undertaker St Marys Co

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 2956

CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) John Pendergast
2. Age 70 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation Laborer.
5. Birthplace (and State or Country) Ireland. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Pendergast. (State or Country) Ireland.
7. Mother's Name and Birthplace Ellen "Polly" Pendergast. (State or Country) " "
8. Place of Death (If an institution, state its name.) Horsick Falls. (How long resident here.) 129. (If dying away from home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 21 day of June 1886, at about 2:15 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) Pat. Pendergast.
11. I hereby Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<u>Typhoid Pneumonia.</u>	
Was a post-mortem held? _____	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 22 day of June 1886
 (Signature.) Dolphin M.D.
 No. of Burial Permit _____
 Place of Burial St. Mary's Ch.
 Date of Burial July 2 - 86 Residence, H. F.
 Named Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

482

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) *Shoo O'Mara*
 2. Age *85* years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation *laborer*
 5. Birthplace (and State or Country.) *A. Waterford Great Britain* (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace *Phil O'Mara* (State or Country.) *Ireland*
 7. Mother's Name and Birthplace *Rosa* (State or Country.) *Irish*
 8. Place of Death (If an Institution, state its name.) *H. F.* (How long resident here.) *18* (If dying away from home, give home residence below.)
 9. Date and Hour of Death:—Died on the *24* day of *June* 188*6*, at about *6:10 P.* M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) *Phil O'Mara*

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw *h* _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of *h* _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.
<i>Cancer</i>				
Was a post-mortem held?				

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial *St. Mary's*
 Date of Burial *Jan 24 1886*
 (Name and Residence) of Undertaker *H. J. O'Sullivan*

(Signature,) *Dolphin M.D.*
 Residence, _____

* The duration of each disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
 Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
 Resident } here, }

Years	Mon.	Days
-------	------	------

(How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by _____ 188
 11. Cause of Death
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 3.

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

C 0 0 5

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) *Michael Murphy*
 2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed (Cross out words not required to this line.) 4. Occupation _____
 5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from Home, give Home Address below)
 9. Date and Hour of Death:—Died on the _____ day of _____ 188 , at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw him _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*
<i>Coma.</i>	
Was a post-mortem held? _____	

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 [X] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____
 Place of Burial *St. Mary's Cem.* (Signature,) *D. J. [Signature] M.D.*
 Date of Burial *Jan 22 1886* Residence, _____
Name and Residence of Undertaker *D. J. [Signature]*

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

ESTABLISHED BY THE STATE OF NEW YORK.
 County of _____

Form 2.

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

1600

CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) John Millet
2. Age _____ years 7 months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) St. J. Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Pat Millet, Ireland (State or Country.) _____
7. Mother's Name and Birthplace Agnes (State or Country.) _____
8. Place of Death (If an Institution, state its name.) St. J. (How long resident here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 29 day of June 1886, at about 4:30 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Pat Millet

11. I Herewith Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw him _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.

Hydrocephalus

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

(Signature.) D. Dalphin M.D.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
 (State or Country.) _____
 7. Mother's Name and Birthplace _____
 (State or Country.) _____
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

No. of Burial Permit _____
 Place of Burial Tracy, N.Y.
 Date of Burial June 30, 1886
 Name and Residence of Undertaker W. J. Dow

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured
of Clerks of Cities (Villages) and Towns, as provided by the law for
the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three
days after its date, and is to be forwarded to the State Bureau of
Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

STATE OF NEW YORK.
 County of Renss.

Form 1.

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

45.00

CERTIFICATE OF DEATH,

In the Town (Village) City of Hornick Falls.

1. Full Name of Deceased (if an infant not named, give parents' names.) Peery, Declubred.
2. Age 36 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation Drachmist.
5. Birthplace (and State or Country) Fall River Mass. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Not known (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) Hornick Falls. (How long resided here.) 15. (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 30 day of June 1886, at about 2:30 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
<u>Heart Disease</u>				
Was a post-mortem held? <u>No.</u>				

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

(Signature.) A. M. Leary M.D.

No. of Burial Permit _____

Place of Burial Maple Grove

Date of Burial July 2^d 1886

Residence, _____

Name and Residence of Undertaker J. H. Low

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full name of deceased _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
 Color and Race, (If not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
 Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by _____ 188
 11. Cause of Death
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 2.

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

52011

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Nancy Hoag,*
2. Age *41* years _____ months _____ days. Sex *F* Color (Race, if other than the White.) _____
3. ~~Single~~, Married, Widowed. (Cross out words not required in this line.)
4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) *H. S.* _____ (How long res. here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the *12* day of *July* 188*6*, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Nancy Hoag, H. S.

11. I hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h. _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Cancer.

Was a post-mortem held? *No.*

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____

Place of Burial *Horsac Corners.*

Date of Burial *July 15.*

Name and Residence } of Undertaker *H. S.*

(Signature,) *Lamb.* M.D.

Residence, *H. S.*

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....
Name of Deceased.....
Date of Death.....
In the Town (Village) City of.....
County of.....
Name and P. O. Address of Person who gave the Per-
mit of Burial.

--	--

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.
This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 1.

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

5850

In the Town (Village) City of _____

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident } here, } _____ (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (if an infant not named, give parents' names.) Thos Joyce
2. Age 65 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Married
4. Occupation Barber
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an institution, state its name.) N.Y. (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 12 day of July 1886, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Alcoholism.</u>		
<u>Found Dead in a chair July 12-</u>		
Was a post-mortem held? <u>No</u>		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) _____ M.D.
 Place of Burial St Mary's
 Date of Burial July 14 Residence, _____
 Name and Residence of Undertaker H. J. Low

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 2.

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

594

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Samuel H. Woodbury*
2. Age *44* years *9* months *15* days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) *Single* 4. Occupation *Laborer*
5. Birthplace (and State or Country.) *Barn* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Not known* (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) *Hosick Falls* (How long resided here.) _____ (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the *26* day of *July*, 188*6*, at about *7 A.M.*
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

D. K. Parrist

11. I hereby certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours.†			
<i>Lancer of the stomach</i>					
Was a post-mortem held? <i>yes</i>					

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) *J. M. Lamb*, M.D.
 Place of Burial *Maple Grove Burial*
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker *A. H. Son.*

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

- 63-75
1. Full name of deceased } W J Callery
2. Age 27 yrs
3. Single, Married or Widowed; (~~Cross out the words not required in this line.~~)
4. Occupation Farmer
5. Birthplace Wash. Co. (State or Country) N.Y.
- Color and Race, (if not white) _____
6. Father's Name and Birthplace W
Callery (State or Country) Ireland
7. Mother's Name and Birthplace Anna
Dixie (State or Country) Ireland
8. Died at Hotchkiss

Resident here, }

Years	Mon.	Days
12		

 (How long in the United States, if of foreign birth.)

9. Date of Death July 27
10. Reported by W J Callery
July 27 1886
11. Cause of Death Typhoid
Fever

Certified by Hannon Medical Attendant.

Was a post-mortem held? No.

Buried at St Marys Cem

By H & L

\$30 25⁰⁰

29 50⁰⁰

43 00⁰⁰

60 00⁰⁰

16 00⁰⁰

45 00⁰⁰

52 00⁰⁰

58 50⁰⁰

39 00⁰⁰

68 75⁰⁰

\$437 00

Total for deaths
June 9 - July 27

RECORD
OF
DEATHS.

BY

From July 31, 1886
To Aug 20, 1886

10 Deaths

Book # 6

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } Levina Purchase

2. Age 38 62.50

3. Single, Married or Widowed, (~~Cross out the words not~~ required in this line.)

4. Occupation Housekeeper

5. Birthplace Maria (State or Country) N.Y.

Color and Race, (if not white)

6. Father's Name and Birthplace John

Con (State or Country) Ireland

7. Mother's Name and Birthplace Mag

Condon (State or Country) Ireland

8. Died at N.Y.

Resident here, }

Years	Mon.	Days
<u>1</u>		

 (How long in the United States, if of foreign birth.)

9. Date of Death July 31

10. Reported by _____

188

11. Cause of Death Tides

Conception

Certified by Asholoi
Medical Attendant.

Was a post-mortem held? no

Buried at _____

By Asholoi

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Miss Mary Stewart

2. Age 2 mths. 19th

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace A. T. (State or Country) N.Y.

Color and Race, (if not white) _____

6. Father's Name and Birthplace Sam'l Stewart (State or Country) N.Y.

7. Mother's Name and Birthplace Eliza Kelly (State or Country) N.Y.

8. Died at A. T.

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Aug 3-86

10. Reported by Sam'l Stewart _____ 188

11. Cause of Death Marasmus

Certified by Hammou Medical Attendant.

Was a post-mortem held? No.

Buried at Washburn Grove

By A. H. Loh

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Peter Mc Grath ¹⁶⁰⁰
2. Age 1 - 1 - 27.
3. Single, Married or Widowed, (Cross out the words not required in this item.)
4. Occupation _____
5. Birthplace N.Y. (State or Country)
- Color and Race, (if not white) _____
6. Father's Name and Birthplace John
Mc Grath (State or Country) Scotland
7. Mother's Name and Birthplace Ann
Conroy (State or Country) Ireland
8. Died at N.Y.
- Resident here, }

Years	Mon.	Days
1	1	27

 (How long in the United States, if of foreign birth.)
9. Date of Death Aug 4
10. Reported by John Mc Grath
Aug 4 1886
11. Cause of Death Brain Spinal Meningitis
- Certified by D. O'Phin
Medical Attendant.
- Was a post-mortem held? No
- Buried at St. Mary's
- By Ang. H. Tob.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (*Cross out the words not required in this line.*)
 4. Occupation
 5. Birthplace (State or Country)
 Color and Race, (*if not white*)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
 Resident here, }

Years	Mo.	Days
-------	-----	------

 (*How long in the United States, if of foreign birth.*)
 9. Date of Death
 10. Reported by _____ 188
 11. Cause of Death
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

CERTIFICATE OF DEATH,

In the Town (Village) City of Pittsford

1. Full Name of Deceased (*If an Infant not named, give parents' names.*) Arthur C. Puri
2. Age 1 years 2 months 17 days Sex _____ Color (*Race, if other than the White.*) _____
3. Single, Married, Widowed (*Cross out words not required in this line.*) _____ 4. Occupation _____
5. Birthplace (*and State or Country.*) Pittsford (*How long in the United States, if of foreign birth.*) _____
6. Father's Name and Birthplace _____ (*State or Country.*) _____
7. Mother's Name and Birthplace _____ (*State or Country.*) _____
8. Place of Death (*If an Institution, state its name.*) Pittsford (*How long resident here.*) _____ (*If dying away from home, give Home Address below.*) _____
9. Date and Hour of Death:—Died on the 10 day of July 1886 at about 10 9 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
Was a post-mortem held? _____		

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature,) _____ M.D.

Place of Burial _____

Date of Burial _____ Residence, _____

Names and Residences of Undertaker _____

2500

† The duration of each Disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured
of Clerks of Cities (Villages) and Towns, as provided by the law for
the Registry of Marriages, Births, and Deaths.

☑ This certificate, when filled out, is to be registered within three
days after its date, and is to be forwarded to the State Bureau of
Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.

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

3080

In the Town (Village) City of Hornick

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mollie Clark
2. Age 86 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Carney (State or Country) Ireland
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) North Hornick (How long resident here.) 30 yrs (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 9 day of Aug. 1886, at about 7 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Pelvic Abscess

Was a post-mortem held? no.

Duration of Disease in Years, Months, Days, or Hours.†

†The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full name of deceased } _____
2. Age _____
3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
4. Occupation _____
5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Died at _____
- Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
9. Date of Death _____
10. Reported by _____ 188 _____
11. Cause of Death _____

Certified by _____ Medical Attendant.

Was a post-mortem held? _____

Buried at _____

By _____

No. of Burial Permit _____

Place of Burial Hornick (Signature) Wm. M. M. M.D.

Date of Burial Aug 12 1886 Residence, _____

Name and Residence of Undertaker J. J. Low

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____

CERTIFICATE OF DEATH,

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 600

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Child of Mr. Hugeman
2. Age _____ years _____ months 12 days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resident here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

 (Signature and residence of Reporter.)
11. **I Hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h. _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :**

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .

No. of Burial Permit _____ (Signature) _____ M.D.

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence of Undertaker _____

† The duration of each Disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of } *Edmund P.*
deceased } *Marshall*

2. Age *11 yrs*

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace *H. F.* (State or Country) *N.Y.*

Color and Race, (if not white) _____

6. Father's Name and Birthplace *J.P.*
Marshall (State or Country) *N.Y.*

7. Mother's Name and Birthplace *Anna*
J. Marshall (State or Country) *Ind.*

8. Died at *H. F.*

Resident }

Years	Mon.	Days
<i>7</i>		

 (How long in the United States, if of foreign birth.)
here, }

9. Date of Death *Aug 14*

10. Reported by *S. P. Marshall*

11. Cause of Death *Pyæmia*

Certified by *Shaw* 188
Medical Attendant

Was a post-mortem held? *No.*

Buried at *Maple Grove*

By *H. F. Shaw*

Aug 17/87

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

6302
 1. Full name of } deceased } Margaret Parson

2. Age 69 yrs 3 mo 15

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace Syosset (State or Country) N.Y.

Color and Race, (if not white) _____

6. Father's Name and Birthplace John Smith (State or Country) Holland

7. Mother's Name and Birthplace _____

8. Died at Haverick Falls

Resident here, }

Years	Mon.	Days
34	-	-

 (How long in the United States, if of foreign birth.)

9. Date of Death Aug 17,

10. Reported by W. G. Parson

11. Cause of Death Paralysis

Certified by Shaw Medical Attendant.

Was a post-mortem held? No

Buried at Maple Grove

By A. S. Van Ang

2675

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } W. S. Carabine

2. Age 8^{mo.} - 8 days

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace A. I. (State or Country) N. Y.

Color and Race, (if not white) _____

6. Father's Name and Birthplace W. S. Carabine (State or Country) N. Y.

7. Mother's Name and Birthplace Catherine Carabine (State or Country) A. I.

8. Died at A. I.

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Aug. 20

10. Reported by W. S. Carabine
Aug 20 1886

11. Cause of Death Acute Peritonitis

Certified by W. S. Carabine Medical Attendant.

Was a post-mortem held? No.

Buried at St. Mary's
Aug. 22

By _____

14111

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Anna Maria Macdon

2. Age 15;

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace St. F. (State or Country) Ny.

Color and Race, (if not white) _____

6. Father's Name and Birthplace Paul
Cheril (State or Country) Ireland

7. Mother's Name and Birthplace Mary
Madger (State or Country) Ireland

8. Died at St. F.

Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Aug 19

10. Reported by Helvitt
Aug 20 1886

11. Cause of Death Inflammation
of the lung,

Certified by Helvitt
Medical Attendant.

Was a post-mortem held? No.

Buried at St. Mary
Aug 20.

By _____

14.

26 25

63 c

33

6

30

25

19

62. 50

16. 11"

\$ 294 .75. Total for
Deaths from July 31 to
Aug. 20

RECORD
OF
DEATHS.

BY

From Aug 20, 1886
To Oct, 1888

*Box # 7
10 deaths*

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years Mon. Days (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.

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

47.15

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parent's name) Harriet Mansfield
 2. Age 37 years _____ months _____ days Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country) Vermont (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Jerry Murphy (State or Country) Ireland
 7. Mother's Name and Birthplace Bridg (State or Country) _____
 8. Place of Death (If an Institution, state its name.) St Josicks Falls (How long resided here.) 25 yrs (If dying away from Home, give Home Address below.)
 9. Date and Hour of Death:—Died on the _____ day of _____ 188_____, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

E. D. Mansfield

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours.*
<u>Coma</u>		<u>8.</u>
Was a post-mortem held?		

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 28 day of Aug 1886

No. of Burial Permit _____
 Place of Burial St Marys Ave.
 Date of Burial Aug 29 1886
 (Signature,) Dolphin M.D.
 Residence, H. S.
 of Undertaker St Josicks Falls

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, } Years Mon. Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

61-

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) Patrick Lovett.
 2. Age 26 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) East Dorset. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Pat. Lovett. (State or Country) Ireland
 7. Mother's Name and Birthplace Hannah. (State or Country) _____
 8. Place of Death (If an institution, state its name.) Junction. (How long resident here.) _____ (If dying away from home, give home residence below.)
 9. Date and Hour of Death:—Died on the 27 day of Aug. 1886, at about 9 A. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Registrar.)

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours.*			
<u>Shock, from being struck by an engine about 8.45 A.M.</u>					
Was a post-mortem held? <u>No.</u>					

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188____.

No. of Burial Permit _____

Place of Burial East Dorset.

Date of Burial Aug. 30th

Name and Residence of Undertaker J. J. Sullivan

(Signature) Hannan. M.D.

Residence, H. J.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

--	--

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the word not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
12.77

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) _____ *Sney*
 2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) _____ *Horsick Falls N.Y.* (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ *Jos. Sney* (State or Country.) _____
 7. Mother's Name and Birthplace _____ *Ann* (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) _____ *Horsick Falls* (How long resident here.) _____ (If dying away from home, give their residence below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 1886, at about _____ P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____ *Jos Sney, Horsick Falls*

11. I hereby certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<p style="font-size: 2em; text-align: center;">Dropsy.</p>	
<p>Was a post-mortem held? <i>No.</i></p>	

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this *28* day of *Aug* 1886

No. of Burial Permit _____ (Signature.) _____ *Shaw* _____ M.D.

Place of Burial _____ *Maple Grove Cem.*

Date of Burial _____ *Aug 24* Residence, _____

Name and Residence of Undertaker _____ *J. S. ...*
Horsick Falls N.Y.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 2.

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

20.25

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Alice Shanahan
2. Age 1 years 10 months days. Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country.) Hogback Falls, N.Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Michael Shanahan (State or Country.) Ireland
7. Mother's Name and Birthplace Mary Casey (State or Country.)
8. Place of Death (If an Institution, state its name.) Hogback Falls (How long resident here.) (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 30 day of Aug. 1886, at about 4 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Michael Shanahan

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	
<p style="font-size: 1.2em; text-align: center;"><u>Acute Cerebritis</u></p>	
<p>Was a post-mortem held? <u>No.</u></p>	

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____

Place of Burial _____

Date of Burial _____

Name and Residence of Undertaker _____

(Signature,) J. C. Haman, M.D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at
 Resident here, } Year: Mon: Days: (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 4800

In the Town (Village) City of _____ *Kirk Wilcox*

1. Full Name of Deceased (If an infant not named, give parents' names.) _____
2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and Residence of Reporter.) _____
11. I Herewith Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h. _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.*
<i>Dropsy</i>	
Was a post-mortem held? _____	

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicaemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X: paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .
 (Signature.) _____ M.D.

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____ Residence, _____
 (Name and Residence) of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, } Years Mon. Days } (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) David Hagan
2. Age 4 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Single + Occupation _____
5. Birthplace (and State or Country.) H. I. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Paul Hagan (State or Country) N.Y.
7. Mother's Name and Birthplace Mary (State or Country) Delaware
8. Place of Death (If an institution, state its name.) Hoopick Hall (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 10 day of Sept 1885, at about 10 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____

11. I hereby certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<u>Croup</u>	
Was a post-mortem held? _____	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____
 Place of Burial Mary's
 Date of Burial Sept. 11th
 (Name and Residence) of Undertaker H. H. Son

(Signature) Hanna M.D.
 Residence, _____

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 2500

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 1262

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) _____ *Coughlan*
2. Age _____ years *3* months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation _____
5. Birthplace (and State or Country.) _____ *N. Y.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____
11. I Hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h_____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h_____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.*
Was a post-mortem held? _____	* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .
 _____ (Signature.) _____ M.D.

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, } Years Mon. Days (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) W. Chas Wilson
 2. Age 22 years _____ months _____ days. Sex _____ Color (Name, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) Married 4. Occupation Labourer
 5. Birthplace (and State or Country.) Hoopick, N.Y. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace John Wilson (State or Country) Hoosac
 7. Mother's Name and Birthplace Rebecca Wilson (State or Country) Hoosac
 8. Place of Death (If an Institution, state its name.) N.Y. (How long res-ident here.) _____ (If dying away from Home, give Home Residence below.) _____
 9. Date and Hour of Death:—Died on the 17 day of Sept 1886, at about 6 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and resi-dence of Reporter.) H. Webster
 11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h_____ 188_____, that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h_____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<p style="text-align: center;"><u>Cholera of the liver</u></p> <p>Was a post-mortem held _____</p>	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 18 day of Sept 1886
 (Signature,) Patman M.D.
 Residence, Hoosac
 No. of Burial Permit _____
 Place of Burial Hoosac Burial
 Date of Burial Sept 18
 (Name and Residence) of Undertaker W. S. Sou

Form 1.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
500

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Israel Keach ^{49 00}

2. Age 46 —

3. Single, ~~Married~~ or ~~Widowed~~, (Cross out the words not required in this line.)

4. Occupation Farmer

5. Birthplace Mass (State or Country) N.Y.

Color and Race, (if not white) _____

6. Father's Name and Birthplace Briggs

Keach (State or Country) Mass

7. Mother's Name and Birthplace Martha

Keach (State or Country) N.Y.

8. Died at H. Y.

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Sept 22 -

10. Reported by Shaw

188

11. Cause of Death Con.

Certified by Shaw

Medical Attendant.

Was a post-mortem held? No.

Buried at Hoosick

By H. J. Son

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Michael Ryan

2. Age 52

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace N.Y. (State or Country)

Color and Race, (if not white) _____

6. Father's Name and Birthplace John

Ryan (State or Country)

7. Mother's Name and Birthplace Ellen

Ryan (State or Country)

8. Died at N.Y.

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Sept 23

10. Reported by Patricia

Hoosac 188

11. Cause of Death Eclampsia

Certified by Patricia Hoosac Medical Attendant

Was a post-mortem held? _____

Buried at St Mary's

By _____

49.00
17.25
50.00
12.62
35.00
48.00
20.25
6.00
12.87
49.25

352.24

Total from
Aug 20 - To Oct 1st

RECORD
OF
DEATHS.

BY

From Oct 1, 1886

To Nov 1, 1886

Book # of

11 Deaths

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed
4. Occupation
5. Birthplace
- Color and Race
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Died at
9. Date of Death
10. Reported by
11. Chief cause of Death

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.

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

1120

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Richmond
 2. Age 71 years — months — days Sex — Color (Race, if other than the White.) —
 3. Single, Married, Widowed (Cross out words not required in this line.) — 4. Occupation —
 5. Birthplace (and State or Country.) Hessick (How long in the United States, if of foreign birth.) —
 6. Father's Name and Birthplace John Barrett (State or Country.) —
 7. Mother's Name and Birthplace Jerusha Sweet (State or Country.) —
 8. Place of Death (If an Institution, state its name.) Hessick Falls. (How long resident here.) — (If dying away from home, give Home Residence below.) —
 9. Date and Hour of Death:—Died on the 1st day of Oct 1886, at about 5 A. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) L. J. Bennett

11. I Herely Certify, That I attended the deceased from — 188, to — 188, that I last saw h — 188 that — died on the — day of — 188, about — o'clock — M., and that to the best of my knowledge and belief the Cause of h — death was as hereunder written :

Chief and Determining } <u>Capillary Bronchitis.</u> Consecutive and } <u>—</u> Contributing } <u>—</u>	Duration of Disease in	
	Years,	Months, Days, or Hours.

* The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations —

Witness my hand this 1 day of Oct 1886, A. B. Putman, M.D. (Signature.)

No. of Burial Permit —
 Place of Burial Waffle Grove.
 Date of Burial Oct. 3 1886
 Residence, H. T.
 Name and Residence of Undertaker —

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation
5. Birthplace, (State or Country)
- Color and Race, (if not white)
6. Father's Name and Birthplace, (State or Country)
7. Mother's Name and Birthplace, (State or Country)
8. Died at
- Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death
10. Reported by
11. Chief cause of Death

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH,

3800

In the Town (Village) City of.....

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Bridg. Maud Garrison
2. Age 70 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) 30 yrs.
6. Father's Name and Birthplace Mathew Kaine (State or Country) Ireland
7. Mother's Name and Birthplace Bridg. (State or Country) "
8. Place of Death (If an Institution, state its name.) Horseshoe Falls (How long resided here.) 1 wk. (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 3 day of Oct. 1886, at about 12 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.)

Andrew Hubbard, H. G.

11. I Hereby Certify, That I attended the deceased from _____ 1886, to _____ 1886, that I last saw him _____ 1886 that _____ died on the _____ day of _____ 1886, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } Consumption

Consecutive and Contributing } _____

Duration of Disease in Years, Months, Days, or Hours?			

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this 7 day of Oct. 1886,

(Signature,) Samuel M.D.

No. of Burial Permit _____

Place of Burial Salem N.Y.

Date of Burial Oct 7 1886

Name and Residence of Undertaker H. G. Row

Residence, H. G.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

25

1. Full Name of Deceased (If an Infant, not named, give parents' names.)
2. Age..... years..... months..... days Sex..... Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country)..... (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace..... (State or Country.)
7. Mother's Name and Birthplace..... (State or Country.)
8. Place of Death (If an Institution, state its name.) (How long resided here.) (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the..... day of..... 188 , at about..... M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herewith Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw him..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

Chief and Determining	Consecutive and Contributing	Duration of Disease in			
		Years,	Months,	Days,	or Hours.
Sanitary observations					

* The duration of each disease, when given, is reckoned from its commencement until death.

Witness my hand this..... day of..... 188 .

No. of Burial Permit..... (Signature)..... M.D.
 Place of Burial.....
 Date of Burial..... Residence,.....
 Name and Residence of Undertaker.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Color and Race
 7. Father's Name and Birthplace
 8. Mother's Name and Birthplace
 9. Died at
 10. Reported by
 11. Chief cause of Death
- Certified by _____
Medical Attendant.
- Buried at _____
- By _____

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased *Geo B Myers*
2. Age *32* years _____ months _____ days Sex _____ Color _____
3. Single, Married, Widowed _____ 4. Occupation _____
5. Birthplace _____
6. Father's Name and Birthplace _____
7. Mother's Name and Birthplace _____
8. Place of Death *H. J.*
9. Date and Hour of Death:—Died on the *10* day of *Oct* 188*3* at about *12* M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

11. I hereby certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <i>Softening of Brain</i> Consecutive and } _____ Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____
 Place of Burial *Maple Grove*
 Date of Burial *Oct 13*
 Residence, _____
 of Undertaker _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

950

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
 2. Age.....
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation.....
 5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
 6. Father's Name and Birthplace..... (State or Country).....
 7. Mother's Name and Birthplace..... (State or Country).....
 8. Died at.....
Resident here { Years, Mos, Days (How long in the United States, if of foreign birth.)
 9. Date of Death.....
 10. Reported by..... 188.....
 11. Chief cause of Death.....
- Certified by.....
Buried at.....
By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

1262

In the Town (Village) City of.....

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Mary Coughlin
2. Age..... years 4 months days Sex..... Color (Race, if other than the White).....
3. Single, Married, Widowed (Cross out words not required in this line.)..... 4. Occupation.....
5. Birthplace (and State or Country)..... (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Place of Death (If an Institution, state its name.)..... (How long resided here.)..... (If dying away from home, give home residence being.).....
9. Date and Hour of Death:—Died on the 13 day of Oct 1886 at about 12.8 P.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) David Coughlin

11. I Herely Certify, That I attended the deceased from..... 188, to..... 188, that I last saw h..... 188 that..... died on the..... day of..... 188; about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written:

Chief and Determining	Inflammation of the lungs	Duration of Disease in	
		Years, Months, Days, or Hours.	
Consecutive and			
Contributing			

* The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this 13 day of Oct 1886

No. of Burial Permit..... (Signature,) Dolphin M.D.
Place of Burial St Marys
Date of Burial Oct 14 1886 Residence.....
Name and Residence of Undertaker A. H. ...

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
- Resident here }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

Form 2.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

2200

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Ida Grace Hart
2. Age 1 years 2 months — days. Sex — Color (Race, if other than the White.) —
3. Single, Married, Widowed (Cross out words not required in this line.) — 4. Occupation —
5. Birthplace (and State or Country) H. F. (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace Edwin Hart Ballston Ala. N. Y.
7. Mother's Name and Birthplace Pauline Cambridge
8. Place of Death (If an Institution, state its name.) Horsick Falls (How long resided here.) — (If dying away from home, give home residence below.) —
9. Date and Hour of Death:—Died on the 13 day of Oct 1886, at about 1:30 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) H. W. McLean

11. I Hereby Certify, That I attended the deceased from — 188—, to — 188—, that I last saw her — 188— that — died on the — day of — 188—, about — o'clock — M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

Chief and Determining } <u>Measles and acute</u>	Duration of Disease in Years, Months, Days, or Hours.†			
Consecutive and Contributing } <u> </u>				

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations

Witness my hand this 13 day of Oct 1886.

No. of Burial Permit (Signature,) H. W. McLean, M.D.
 Place of Burial Maple Groves
 Date of Burial Oct 14 86. Residence, Horsick Falls.
 Name and Residence of Undertaker

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓔ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterbill" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this item.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
- Resident here } Years Mon. Days (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.

1062

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Henry J Brimmer
2. Age..... years 5 months..... days..... Sex..... Color (Race, if other than the White.).....
3. Single, Married, Widowed (Cross out words not required in this item.)..... 4. Occupation.....
5. Birthplace (and State or Country) Pittsburgh (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace Yancy Brimmer (State or Country) Pittsburgh
7. Mother's Name and Birthplace Margaret (State or Country) Pa
8. Place of Death (If an Institution, state its name.) Hoovick Falls (How long resided here.)..... (If dying away from home, give home residence below.).....
9. Date and Hour of Death:--Died on the 15 day of Oct 1886 at about..... M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Gangrenous</u> <u>Stomatitis</u>	Duration of Disease in		† The duration of each Disease, when given, is reckoned from its commencement until death.
	Years,	Months, Days, or Hours.†	
Consecutive and }			
Contributing }			

Sanitary observations.....

Witness my hand this..... day of..... 188 .

No. of Burial Permit..... (Signature,) C. J. Helcher M.D.
Place of Burial Stuarts Co
Date of Burial Oct 16 86 Residence, W. K. Rowland
Name and Residence } of Undertaker.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

Note.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓢ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
 2. Age.....
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation.....
 5. Birthplace..... (State or Country)
 - Color and Race, (if not white).....
 6. Father's Name and Birthplace..... (State or Country)
 7. Mother's Name and Birthplace..... (State or Country)
 8. Died at.....
 - Resident here { Years Mon. Days (How long in the United States, if of foreign birth.)
 9. Date of Death.....
 10. Reported by..... 188.....
 11. Chief cause of Death.....
- Certified by..... Medical Attendant.
- Buried at.....
- By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

500

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Augustus Carringer
2. Age..... years..... months 17 days. Sex..... Color (Race, if other than the White.).....
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country.) Horsick Falls (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace Chas Carringer (State or Country.) N.Y.
7. Mother's Name and Birthplace Mary S (State or Country.) Vermont
8. Place of Death (If an Institution, state its name.) Horsick Falls (How long resident here.)..... (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 17 day of Oct. 1886, at about 10 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

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

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Enteritis & Pulmonary Congestion</u> Consecutive and } Contributing }	Duration of Disease in				† The duration of each Disease, when given, is reckoned from its commencement until death.
	Years,	Months,	Days,	or Hours.†	

Sanitary observations.....

Witness my hand this 18 day of Oct 1886.

No. of Burial Permit..... (Signature,) Acritt M.D.
 Place of Burial Maple Grove
 Date of Burial..... Residence,.....
 Name and Residence of Undertaker H. T. Tom

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country)
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country)
7. Mother's Name and Birthplace..... (State or Country)
8. Died at.....
- Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Ann Mulcahy
2. Age 4 years 7 months 7 days Sex..... Color..... (State, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country) Horriek Falls, (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John Mulcahy (State or Country)
7. Mother's Name and Birthplace Helia Mulcahy (State or Country)
8. Place of Death (If an Institution, state its name.) Horriek Falls, (How long resided here.) (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 18 day of Oct 1886, at about 4 1/2 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge. (Signature and Residence of Reporter.) John Mulcahy

11. I hereby certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Alleged Union Corp</u>	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing }	
Sanitary observations.....	

† The duration of each disease, when given, is reckoned from its commencement until death.

Witness my hand this..... day of..... 188 .

No. of Burial Permit..... (Signature) L. E. Chilton M.D.
 Place of Burial Horriek Falls
 Date of Burial Oct 20, 1886 Residence,.....
 Name and Residence of Undertaker.....

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
30.75

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased } *Ellis 1400*
 2. Age } *59*
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation.....
 5. Birthplace..... (State or Country)
 Color and Race, (if not white).....
 6. Father's Name and Birthplace..... (State or Country)
 7. Mother's Name and Birthplace..... (State or Country)
 8. Died at.....
 Resident here }

Years	Min.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death.....
 10. Reported by..... 188.....
 11. Chief cause of Death *Heat Disease*
Found dead at Union
 Certified by..... *H. S. [Signature]* Medical Attendant.
 Buried at.....
 By.....

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

STATE OF NEW YORK.

County of.....

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5450

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Mary Prodie*
 2. Age *73* years _____ months _____ days Sex _____ Color (Name, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
 5. Birthplace (and State or Country) *Co. Clare Ireland* (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Place of Death (If an Institution, state its name.) *H. I.* (How long resident here.) _____ (If dying away from Home, give Home Address below.) _____
 9. Date and Hour of Death:—Died on the *24* day of *Oct* 188*6* at about *5 A.* M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____
 11. I Herely Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

Chief and Determining } <i>Congestion of the lungs</i> Consecutive and Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.† _____ _____ _____
--	---

† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations *good*

Witness my hand this _____ day of _____ 188*6*.
 (Signature,) *[Signature]* M. D.

No. of Burial Permit *7*
 Place of Burial *Cambridge*
 Date of Burial _____
 Name and Residence } of Undertaker _____

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

112

38

25

33

12.62

22.00

10.50

8.00

30.75

14.00

51.50

\$359.37

RECORD
OF
DEATHS.

BY

Book #9.

10 deaths

From Oct 26, 1886

To Nov. 17, 1886,

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
 Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
 Resident here, } Years Mon. Days (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 188
 11. Cause of Death
 Certified by _____ Medical Attendant.
 Was a post-mortem held?
 Buried at
 By

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

3508
7200

In the Town (Village) City of _____
 1. Full Name of Deceased (If an Infant not named, give parents' names.) Seymour Gardner
 2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) Bronck H. (How long resided here.) _____ (If dying away from home, give Home Address below.) _____
 9. Date and Hour of Death:—Died on the 26 day of Oct 1886 at about 12 M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<p style="font-size: 2em; font-family: cursive;">Killed by the Car.</p>	
Was a post-mortem held? _____	

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188.
 No. of Burial Permit _____
 Place of Burial Horsack
 Date of Burial Oct 26
 Name and Residence of Undertaker _____
 (Signature) Hoy M.D.
 Residence _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, }

Year	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH.

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ellen Ryan
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation _____
5. Birthplace (and State or Country.) Stock Falls (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Frank Ryan (State or Country) Ireland
7. Mother's Name and Birthplace Bridg. O'Neil (State or Country) _____
8. Place of Death (If an Institution, state its name.) Stock Falls (How long res-ident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 30 day of Oct 1886, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) Frank Ryan
11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h. _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Pneumonia</u>	
Was a post-mortem held? _____	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dooepy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial St. Mary's Church
 Date of Burial Oct 31
 Residence, _____
 Name and Residence of Undertaker H. J. Swan

(Signature,) Samuel _____ M.D.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
2875

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

400

In the Town (Village) City of _____
 1. Full Name of Deceased (If an infant not named, give parents' names.) Braznell
 2. Age _____ years _____ months 4 ~~10~~ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
 5. Birthplace (and State or Country.) Storrettsville (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace John Braznell (State or Country.) N.Y.
 7. Mother's Name and Birthplace Mary (State or Country.) Ireland
 8. Place of Death (If an institution, state its name.) N.Y. (How long resident here.) _____ (If dying away from home, give Home Address below.)
 9. Date and Hour of Death:—Died on the 1 day of Nov. 1886, at about 7.00 M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Spasm X</u>		
Was a post-mortem held? <u>No.</u>		

† The duration of each illness, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 (Signature.) Hewitt M.D.

No. of Burial Permit _____
 Place of Burial St Mary's
 Date of Burial Nov 1 1886
 Name and Residence of Undertaker H. J. ...

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words and required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 - Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____

CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Kate Crandle
2. Age 29 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Widowed + Occupation _____
5. Birthplace (and State or Country.) H. P. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Hyman Crandle, N.Y. (State or Country)
7. Mother's Name and Birthplace Bndg. Welch (State or Country)
8. Place of Death (If an Institution, state its name.) Horsick Falls (How long resident here.) _____ (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 1st day of Nov. 1886, at about 4.30 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____
11. I Herewith Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Double Pneumonia.</u>	

Was a post-mortem held? No.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 2 day of Nov. 1886,
 (Signature,) J. C. Haman M.D.
 Residence, Horsick Falls

No. of Burial Permit _____
 Place of Burial Mary's
 Date of Burial Nov 3
 (Name and Residence) of Undertaker H. S.

Form 1.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
6828

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding entry in Register Book of Deaths to be inserted here by the Registrar.

182

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) *Anne O'Brien*
2. Age _____ years _____ months _____ days Sex _____ Color (None, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) *Ireland*
7. Mother's Name and Birthplace *Margaret Bartley* (State or Country) _____
8. Place of Death (If an institution, state its name.) *Horseshoe Valley* (How long resident here.) _____ (If dying away from home, give true residence below.) _____
9. Date and Hour of Death:—Died on the *2* day of *Nov.* 188*6*, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw *h* _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of *h* _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*
<i>Pneumonia</i>	

Was a post-mortem held? _____

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this *3* day of *Nov* 188*6*.
J. J. Murray (Signature.) _____ M.D.
 Place of Burial *St. Marys Care*
 Date of Burial *Nov 3 1886* Residence, _____
 (Name and Residence) of Undertaker *J. J. Murray*

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 1886
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 79.2

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) *James E. O'Malley*
 2. Age *24* years *4* months *5* days Sex _____ Color (Name, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation *Book Clerk*
 5. Birthplace (and State or Country.) *Brooklyn, N.Y.* (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace *Thomas O'Malley, Ireland* (State or Country.) _____
 7. Mother's Name and Birthplace *Mary Ann, N.Y.* (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) *St. Roch's Hall, N.Y.* (How long resided here.) *6 yrs.* (If dying away from Home, give Home Residence below.) _____
 9. Date and Hour of Death:—Died on the *2* day of *Nov.* 188*6*, at about *2:50* P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Registrar.) *Thomas O'Malley*

11. I hereby Certify, That I attended the deceased from _____ 188*6*, to _____ 188*6*, that I last saw him _____ 188*6* that _____ died on the _____ day of _____ 188*6*, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<i>Effusion at the base of the Brain.</i>		
Was a post-mortem held? <i>No</i>		

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this *3* day of *Nov.* 188*6*.
 (Signature,) *Hannan* M.D.

No. of Burial Permit _____
 Place of Burial *Brooklyn, N.Y.*
 Date of Burial *Nov. 3, 1886*
 (Name and Residence) of Undertaker *H. S. ...*

† The duration of each Disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of Han L Hoag

1. Full Name of Deceased (If an Infant not named, give parents' names.) Han L Hoag
2. Age 2 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace J. M. Hoag Hoosick N.Y.
7. Mother's Name and Birthplace Rydia Walker H. T.
8. Place of Death (If an Institution, state its name.) Hoosick Falls (How long resided here.) _____ (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the 13 day of Nov. 1886 at about 6 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) H. L. Hoag
11. I hereby certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.*
<u>Cygnia Mumbraucia</u>	
Was a post-mortem held? _____	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 4 day of Nov. 1886.
 (Signature.) L. Hunt M.D.

No. of Burial Permit _____
 Place of Burial Maple Grove
 Date of Burial _____ Residence, _____
 (Name and Residence) of Undertaker L. Johnson

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
244273

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

STATE OF NEW YORK.

Form 2.

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

14-62.

County of _____

CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) *Margaret Foley*
2. Age *1* years *6* months *3* days Sex _____ Color (Race, if other than *W. I. C.*) _____
3. Single, Married, Widowed (Cross out words not required in this line.) *+* Occupation _____
5. Birthplace (and State or Country.) *Hooick Falls N.Y.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Bartholomew Foley* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Kate Wheeler* (State or Country) *"*
8. Place of Death (If an institution, state its name.) *Hooick Falls* (How long resident here.) _____ (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the *5* day of *Nov.* 1886, at about *5 P.*M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) *B. Foley*

11. I hereby certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in	
	Years,	Months, Days, or Hours.†
<i>Membranous Croup.</i>		
Was a post-mortem held? <i>No.</i>		

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this *5* day of *Nov.* 1886
 (Signature,) *Dolphin* M.D.
 No. of Burial Permit _____
 Place of Burial *St. Mary's*
 Date of Burial *Nov 6-86*
 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (If not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at
 Resident here, }

Years	Mon.	Days

(How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH.

Form 1
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 9855

In the Town (Village) City of _____ *Mary A Carr*

1. Full Name of Deceased (If an infant not named, give parents' names.) _____ *Mary A Carr*
2. Age *29* years _____ months _____ days Sex _____ Color (Name, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an institution, state its name.) _____ (How long resident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the *9* day of *Nov* 188*6*, at about *10.30* A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and residence of Reporter.) _____ *John Carr*
11. **I Hereby Certify, That I attended the deceased from** _____ 188__ , to _____ 188__ , **that I last saw** _____ 188__ **that** _____ **died on the** _____ **day of** _____ 188__ , **about** _____ **o'clock** _____ **M., and that to the best of my knowledge and belief the Cause of** _____ **death was as hereunder written:**

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<i>Consumption</i>	
Was a post-mortem held? <i>No.</i>	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .
 _____ *Hammann* M.D. (Signature.)

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____
 _____ (Name and Residence) of Undertaker _____

† The duration of each disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of Honick

1. Full Name of Deceased (If an infant not named, give parents' names.) Thos Clark.
2. Age 38 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation Food Mart.
5. Birthplace (and State or Country.) New York (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.)
7. Mother's Name and Birthplace _____ (State or Country.)
8. Place of Death (If an Institution, state its name.) No Honick. (How long resided here.) _____ (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 16 day of Nov. 1886 at about 12 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) Thos Burns.
11. I hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<u>Phthisis.</u>	

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 17 day of Nov 1886
 No. of Burial Permit _____
 Place of Burial St Mary's
 Date of Burial Nov 17 1886
 (Signature,) Thos Burns M.D.
 Residence, W. H.
 Name and Residence of Undertaker _____

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

950

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

35 00
34 55
14 62
24 75
79 28
13 25
68 20
4 00
28 75
42 00

Total 339.42 from
Oct 26. to Nov. 17.

RECORD
OF
DEATHS.

BY

From Nov. 17, 1886

To Dec. 10, 1886

Book #10
10 Deaths.

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Color and Race
 7. Father's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by _____
Medical Attendant.
- Buried at _____
- By _____

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.

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

4530

In the Town (Village) City of _____

1. Full Name of Deceased *(If an Infant, not named, give parents' names.)* Parley Chapman
2. Age 60 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed *(Cross out words not required in this line.)* 4. Occupation _____
5. Birthplace *(and State or Country.)* _____ *(How long in the United States, if of foreign birth.)* _____
6. Father's Name and Birthplace _____ *(State or Country.)* _____
7. Mother's Name and Birthplace _____ *(State or Country.)* _____
8. Place of Death *(If an Institution, state its name.)* Hyp _____ *(How long resided here.)* _____ *(if dying away from Home, give Home Residence below.)* _____
9. Date and Hour of Death:—Died on the 17 day of Nov 1886, at about 6 a M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

J. H. Barber

11. I hereby certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

Chief and Determining } <u>Diabetes</u> Consecutive and } <u>Dropsy</u> Contributing } _____	Duration of Disease in Years, Months, Days, or Hours:

*The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this 18 day of Nov 1886

No. of Burial Permit _____
 Place of Burial Snake Grow *(Signature,)* Hudson M.D.
 Date of Burial Nov 14 - 86 Residence, _____
 Name and Residence } of Undertaker _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased {
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here {

Years	Mon.	Days

 (How long in the United States, if of foreign birth.).....
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

Should be certified by the head of the family or other responsible friends.

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1890.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 2.
No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.
3700

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Wm. Bliss Baker
2. Age 26 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 1883, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from _____ 1883, to _____ 1883, that I last saw h. _____ 1883 that _____ died on the _____ day of _____ 1883, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :

Chief and } _____ Determining } _____ Consecutive and } _____ Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.† _____ _____ _____
---	---

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this 22 day of Nov 1883 Wm. Hudson M.D.
(Signature)

No. of Burial Permit _____
 Place of Burial Rural Cem. Albany
 Date of Burial Nov 23-86
 Name and Residence of Undertaker A. T. Low

N.B. The Superintendent of Vital Statistics—CAUTIONS ALL PERSONS AGAINST ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by _____
Medical Attendant.
- Buried at _____
- By _____

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

County of Remond STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of Horseshoe

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

27

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Harvey La Barren
2. Age 29 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation Farmer
5. Birthplace (and State or Country.) Horseshoe, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Ruben La Barren (State or Country) _____
7. Mother's Name and Birthplace Mina (State or Country) _____
8. Place of Death (If an Institution, state its name.) Horseshoe N.Y. (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 21 day of Nov 1886, at about 7 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Henry Myers

11. I hereby Certify, That I attended the deceased from _____ 1886, to _____ 1886, that I last saw h _____ 1886 that _____ died on the _____ day of _____ 1886, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <u>Killed by team falling down embankment near</u> Consecutive and } <u>Horseshoe N.Y.</u> Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.†
	† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations _____

Witness my hand this 22 day of Nov 1886 Henry Myers
 (Signature)

No. of Burial Permit _____
 Place of Burial St. Joseph's
 Date of Burial Nov 23
 Name and Residence of Undertaker St. Joseph's

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here } Years Mon. Days } (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

STATE OF NEW YORK.

Form 2.

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

5478

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Patrick Vail
2. Age 65 years _____ months _____ days Sex _____ Color (Name, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation Laborer
5. Birthplace (and State or Country.) Waterford, Ireland (How long in the United States, if of foreign birth.) 30 yrs.
6. Father's Name and Birthplace Patrick Vail (State or Country) Ireland
7. Mother's Name and Birthplace Catherine Vail (State or Country) _____
8. Place of Death (If an Institution, state its name.) Hosack Falls (How long resident here.) 14 yrs. (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 22 day of Nov. 1886 at about 2.30 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Annie Vail

11. I Herely Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <u>Chronic Brights Disease</u>	Duration of Disease in Years, Months, Days, or Hours.†	
	Consecutive and } _____	
Contributing } _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations Fair

Witness my hand this 28 day of Nov 1886. (Signature,) H. Amman M.D.

No. of Burial Permit _____
Place of Burial St. Mary's
Date of Burial Nov 24-86
Name and Residence of Undertaker _____

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

EP This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
 2. Age
 3. Single, Married or Widowed
 4. Occupation
 5. Birthplace
 6. Father's Name and Birthplace
 7. Mother's Name and Birthplace
 8. Died at
 9. Date of Death
 10. Reported by
 11. Chief cause of Death
- Certified by.....
 Buried at.....
 By.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5678

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Michael Dwyer
2. Age 55 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Dwyer (State or Country) Ireland
7. Mother's Name and Birthplace Mary Bradshaw (State or Country) _____
8. Place of Death (If an Institution, state its name.) At Home (How long resided here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 25 day of Nov 1886, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <u>Bright's Disease</u> Consecutive and Contributing } _____	Duration of Disease in			* The duration of each disease, when given, is reckoned from its commencement until death.
	Years,	Months,	Days, or Hours.*	

Sanitary observations _____

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature,) _____ M. D. _____
 Place of Burial St. Mary's Cem.
 Date of Burial Nov. 28 - 86 Residence, _____
 Name and Residence of Undertaker At Home

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

EP This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here } Years Mon. Days } (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

STATE OF NEW YORK.
County of.....

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Henry Kenyon
2. Age 70 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) Busticks. (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 26 day of Nov. 1886 at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and } Determining } <u>Consumption.</u>	Duration of Disease in		+ The duration of each Disease, when given, is reckoned from its commencement until death.
	Consecutive and } Contributing }	Years, Months, Days, or Hours.†	
Sanitary observations _____			

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature) _____ M.D. _____
Place of Burial Busticks.
Date of Burial Nov. 28, 86 Residence, _____
Name and Residence } of Undertaker H. J. ...

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 3.
No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.
11820

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
- Resident here } Years: Mon. Days (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
43-20

In the Town (Village) City of..... Shes Ryan

1. Full Name of Deceased (If an Infant, not named, give parent's names.) Shes Ryan
2. Age 21 years 9 months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation _____
5. Birthplace (and State or Country) Petersburgh Va. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Pat. Ryan, Ireland. (State or Country) _____
7. Mother's Name and Birthplace Janet Shea (State or Country) Vermont
8. Place of Death (If an Institution, state its name.) H. J. (How long resided here.) _____ (If dying away from home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 29 day of Nov 1886 at about 11:45 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) John Murphy

11. I hereby Certify, That I attended the deceased from _____ 1886 _____ 1886, that I last saw h _____ 1886 that _____ died on the _____ day of _____ 1886, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

Chief and Determining } <u>Congestion of the lungs</u>	Consecutive and Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this 31 day of Nov 1886

No. of Burial Permit _____ (Signature,) Dolphin M.D.
Place of Burial St Marys Church
Date of Burial Dec 24 Residence, H. J.
Name and Residence of Undertaker H. J.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

Ⓢ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
- Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
- Resident here }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

STATE OF NEW YORK.

Form 3.

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

6125

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Maria McKernan
2. Age 23 years 6 months 7 days. Sex Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country) Providence, R.I. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John McKernan (State or Country).....
7. Mother's Name and Birthplace Elynda Dalton (State or Country).....
8. Place of Death (If an Institution, state its name.) Hoosick Falls (How long resided here.)
9. Date and Hour of Death:—Died on the 30 day of Nov 1886 at about 10 45 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge. (Signature and residence of Reporter.) Teresa McKernan

11. I Heredy Certify, That I attended the deceased from..... 188 , to..... 188 , that I last saw h..... 188 that..... died on the..... day of..... 188 , about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining } <u>Pelvic Peritonitis</u>	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing }	

† The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this..... day of..... 188 .

No. of Burial Permit..... (Signature) Hannan M.D.
 Place of Burial St Marys Ann
 Date of Burial Dec 3/86 Residence.....
 Name and Residence of Undertaker A. J. ...

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

⚠ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased }
2. Age.....
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace..... (State or Country).....
Color and Race, (if not white).....
6. Father's Name and Birthplace..... (State or Country).....
7. Mother's Name and Birthplace..... (State or Country).....
8. Died at.....
Resident here } Years Mon. Days } (How long in the United States, if of foreign birth.)
9. Date of Death.....
10. Reported by..... 188.....
11. Chief cause of Death.....

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

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

Certified by the Physician and according to Sect. 1, Chap. 512, Laws of 1880.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant, not named, give parents' names.) J. Frances Huswell
2. Age 44 years 4 months 4 days Sex..... Color (Race, if other than the White.).....
3. ~~Single~~, Married, Widowed (Cross out words not required in this line.) 4. Occupation.....
5. Birthplace (and State or Country.) N.Y. (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace J. C. Chace (State or Country).....
7. Mother's Name and Birthplace May Chace (State or Country).....
8. Place of Death (If an Institution, state its name.) H. Hall's (How long res. here.)..... (If dying away from home, give home address below.).....
9. Date and Hour of Death:—Died on the 29 day of Dec. 1886, at about 12.00 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) John Huswell

11. I Hereby Certify, That I attended the deceased from..... 188, to..... 188, that I last saw h..... 188 that..... died on the..... day of..... 188, about..... o'clock..... M., and that to the best of my knowledge and belief the Cause of h..... death was as hereunder written :

Chief and Determining Cause	Duration of Disease in Years, Months, Days, or Hours.†	
	Chief and Determining Cause: <u>Heart Disease</u> Consecutive and Contributing Cause: <u>It</u>	

† The duration of each disease, when given, is reckoned from its commencement until death.

Sanitary observations.....

Witness my hand this..... day of..... 188.

No. of Burial Permit.....
 Place of Burial Grave (Signature) J. R. Hudson M.D.
 Date of Burial Dec. 5-86
 Name and Residence of Undertaker Hudson Residence, H. Hall's

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5670

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

"Stub" or "Counterfoil" to be retained by Physician.

REPORT OF DEATH

1. Full name of deceased
2. Age
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation
5. Birthplace (State or Country)
6. Color and Race, (if not white)
7. Father's Name and Birthplace (State or Country)
8. Mother's Name and Birthplace (State or Country)
9. Died at (State or Country)
10. Resident here (Years, Mos., Days) (How long in the United States, if of foreign birth.)
11. Date of Death
12. Reported by
13. Chief cause of Death
14. Certified by (Medical Attendant)
15. Buried at
16. By

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

Certified by the Physician and according to Sect. 1, Chap. 612, Laws of 1880.

STATE OF NEW YORK.

County of

CERTIFICATE OF DEATH,

In the Town (Village) City of

Imray

1. Full Name of Deceased (If an Indian, not named, give parents' names)
2. Age years months days Sex Color (Race, if other than the White)
3. Single, Married, Widowed (Cross out words not required in this line.)
4. Occupation
5. Birthplace (and State or Country) (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace (State or Country)
7. Mother's Name and Birthplace (State or Country)
8. Place of Death (If an Institution, state its name.) (How long resided here.) (If dying away from home, give some distance below.)
9. Date and Hour of Death:—Died on the _____ day of _____ 188____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from _____ 188____, to _____ 188____, that I last saw him _____ 188____ that _____ died on the _____ day of _____ 188____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <i>Acute Bronchitis</i>	Duration of Disease in			+ The duration of each disease, when given, is reckoned from its commencement until death.
	Years,	Months,	Days, or Hours.	
Consecutive and Contributing }				

Sanitary observations _____

Witness my hand this _____ day of _____ 188____.

(Signature,) *Haman* M.D.

No. of Burial Permit *St Mary's Cem.*
 Place of Burial *W. C. C. H.*
 Date of Burial _____
 Name and Residence of Undertaker _____

Residence, _____

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or USING this Certificate for any purpose except that of delivering it for a Burial Permit and Registration.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

NOTE. This certificate, when filled out, is to be registered within three days after its date, and it is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

25 00
45 25
61 25
55 00
118 00
56 75
27 11
45 51
54 75
39 00

527 50

Total from Nov 17.
to Dec. 6. /86.

886

RECORD
OF
DEATHS.

BY

Book # 11.

10 deaths -

From Dec 10, 1886

To Dec 22, 1886

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

REPORT OF DEATH.

1. Full name of deceased } _____
2. Age _____
3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
4. Occupation _____
5. Birthplace _____ (State or Country)
Color and Race, (if not white) _____
6. Father's Name and Birthplace _____ (State or Country)
7. Mother's Name and Birthplace _____ (State or Country)
8. Died at _____
- Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
9. Date of Death _____
10. Reported by _____ 188 _____
11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

County of _____

CERTIFICATE OF DEATH,

Form 2.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

282

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) Anna M. M. Cate
2. Age 2 years 7 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Hosick Falls, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John M. Cate (State or Country) Wetland
7. Mother's Name and Birthplace Ellen M. Cate (State or Country) "
8. Place of Death (If an Institution, state its name.) Hosick Falls (How long resided here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 21 day of Aug 1886, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw her _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*
<u>Bronchitis</u>	
Was a post-mortem held?	

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
[] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) A. A. Skinner M.D.
Place of Burial St. Mary's Church
Date of Burial Aug 28 Residence, _____
Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.

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

29

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Wm J. Flood
2. Age 2 years 10 months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) St. Louis, Mo. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Byron J. Flood, N.Y. (State or Country.) _____
7. Mother's Name and Birthplace Ann J. Flood, N.Y. (State or Country.) _____
8. Place of Death (If an Institution, state its name.) St. Albans, N.Y. (How long resided here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 10 day of Dec 1886, at about 11-45 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

MEDICAL.

11. I hereby certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<u>Siphthemia</u>	

Was a post-mortem held? _____

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "menes and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .

No. of Burial Permit _____
 Place of Burial St. Mary's Ch. (Signature) _____ M.D.
 Date of Burial Dec 10 Residence, St. Albans, N.Y.
 Name and Residence of Undertaker St. Louis

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (If not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Year: Mon. Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
 21976

In the Town (Village) City of _____
 1. Full Name of Deceased (If an Infant not named, give parents' names.) Edwin Callahan
 2. Age 4 years 3 months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) Brook Falls (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace: Thos Callahan (State or Country) Rondelet
 7. Mother's Name and Birthplace: Mary Ann Hawley (State or Country) N.Y.
 8. Place of Death (If an Institution, state its name.) Brook Falls (How long resident here.) _____ (If dying away from home, give former residence below.)
 9. Date and Hour of Death:—Died on the 11 day of Dec 1886, at about 11 A. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours,†
<u>Croup.</u>		
Was a post-mortem held? <u>No</u>		

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 (Signature) Judson M.D.
 Residence, _____
 No. of Burial Permit _____
 Place of Burial St Marys Church
 Date of Burial Dec 12 1886
 of Undertaker Lester

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

2790

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Frederia Maria
2. Age 3 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, ~~Married~~, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Amherst Falls, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Geo. Maria (State or Country) _____
7. Mother's Name and Birthplace Bridget (State or Country) _____
8. Place of Death (If an Institution, state its name.) Amherst Falls (How long res. spent here.) _____ (If dying away from Home, give Home Residence below)
9. Date and Hour of Death:—Died on the 11 day of Dec. 1886, at about 1 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

(Signature and real name of Reporter.) Geo Maria

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
Was a post-mortem held? _____				

MEDICAL.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) L. Ashton M.D.

Place of Burial Loay Hill

Date of Burial Dec 13 Residence, _____

Named Residence } of Undertaker H. J. Bon

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 2100

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Fretto Murphy
2. Age _____ years 4 months 15 days. Sex _____ Color (State, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Horriek Hall (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Martin Murphy (State or Country.) _____
7. Mother's Name and Birthplace Mary O'Brian (State or Country.) _____
8. Place of Death (If an Institution, state its name.) Horriek Hall (How long resident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 11 day of Dec. 1886 at about 10 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) Martin Murphy
11. I hereby certify, That I attended the deceased from _____ 1886, to _____ 1886, that I last saw him _____ 1886 that _____ died on the _____ day of _____ 1886, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*
<u>Inflammation of Lungs.</u>	<u>2 days</u>
Was a post-mortem held? _____	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1886.

No. of Burial Permit _____
 Place of Burial St. Mary's Church
 Date of Burial Dec 12 1886
 Name and Residence of Undertaker _____

(Signature.) M. O. L. Dolph M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Joel Vigor
2. Age 80 years 2 months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ + Occupation Farmer
5. Birthplace (and State or Country.) England (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Joel Vigor (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) Horsick Falls (How long resided here.) 60 (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 14 day of Dec. 1886, at about 2:40 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____
11. I hereby Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Old age</u>	
Was a post-mortem held? _____	

* Instructions.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____
 Place of Burial St. Mary's Ccd.
 Date of Burial Dec 15 86
 (Signature.) Skinner M.D.
 Residence, _____
 of Undertaker H. H. Son

Form 1.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
4987

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an infant not named, give parents' names.) Francis E. Covey
 2. Age 35 years _____ months 16 days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required by this line.) + Occupation _____
 5. Birthplace (and State or Country.) Coventry, Vt. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Jos. Sheldon (State or Country.) _____
 7. Mother's Name and Birthplace Lizzie (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) Hoosick Falls. (How long resided here.) 14 mos. 6 ds. (If dying away from home, give home residence below.)
 9. Date and Hour of Death:—Died on the 21 day of Dec 1886, at about 8:30 A.M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Registrar.) A. Covey
 11. I Herewith Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h. _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<u>Typhoid Pneumonia.</u>	
Was a post-mortem held? <u>M.</u>	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 No. of Burial Permit _____ (Signature) Frank H. Lamb M.D.
 Place of Burial Manchester, Vt.
 Date of Burial Dec 23 1886 Residence, _____
 Name and Residence of Undertaker _____

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
5867

† The duration of each disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

1. Full name of deceased } Bridget Carroll
 2. Age 3 yr.
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace H. I. (State or Country) N. Y.
 Color and Race, (if not white)
 6. Father's Name and Birthplace Thos Carroll (State or Country) Brit
 7. Mother's Name and Birthplace Bridget Carroll (State or Country)
 8. Died at H. I.
 Resident here, } Dec 28 (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 11. Cause of Death Diphtheritic Croup
 Certified by Dolph Medical Attendant.
 Was a post-mortem held? No
 Buried at St Mary's
 By Dec 29

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY }
 MEDICAL }

County of _____

CERTIFICATE OF DEATH,

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

1400

In the Town (Village) City of _____
 1. Full Name of Deceased (If an Infant not named, give parents' names.) Mary E Carroll
 2. Age 8 years _____ months _____ days Sex _____ Color (Name, if other than the White.)
 3. Single, Married, Widowed (Cross out words not required in this line.) Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace Thos Carroll (State or Country) Ireland
 7. Mother's Name and Birthplace Bridget (State or Country) "
 8. Place of Death (If an Institution, state the name.) H. I. (How long resided here.) (If dying away from Home, give Home Residence below.)
 9. Date and Hour of Death:—Died on the 21 day of Dec 1886 at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and Residence of Reporter.) Thos Carroll

11. I hereby certify, That I attended the deceased from _____ 1886, to _____ 1886, that I last saw her _____ 1886 that _____ died on the _____ day of _____ 1886, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Croupous Pneumonia</u>		
Was a post-mortem held?		

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1886.
 No. of Burial Permit _____
 Place of Burial St Mary's (Signature.) J M Hunt M.D.
 Date of Burial Dec 24/86 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Walter Gould
2. Age 2: 6 ~ 22.75
3. Single, Married or Widowed, (Cross out the words not required in this line.)
4. Occupation —
5. Birthplace H. F. (State or Country) —
- Color and Race, (if not white) —
6. Father's Name and Birthplace Wm
Gould. (State or Country) Ireland
7. Mother's Name and Birthplace Kate
Gould. (State or Country) Ireland
8. Died at H. F.
- Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death Dec. 24/86
10. Reported by Wm Gould.
Dec. 24 1886
11. Cause of Death Diphtheria

Certified by Dolphin Medical Attendant.

Was a post-mortem held? No.

Buried at H. F.

By H. F. Son

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased John Keefe ⁶⁷⁻²⁰

2. Age 9-9-18

3. Single, Married or ~~Widowed~~, (Cross out the words not required in this line.)

4. Occupation Machinist

5. Birthplace Whose (State or Country) N.Y.

Color and Race, (if not white)

6. Father's Name and Birthplace Mr Keefe (State or Country) Irish

7. Mother's Name and Birthplace Keefe (State or Country) Irish

8. Died at N.Y.

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Dec. 24-

10. Reported by John Keefe

188

11. Cause of Death Con.

Certified by Dolphin Medical Attendant

Was a post-mortem held? No

Buried at St. Mary's

By W. J. ...

6720

2275

5500

1000

4500

2000

2790

2875

2875

2800

32035 Total form

Dec 10 to Dec 27

1886

RECORD
OF
DEATHS.

BY

From Dec 28, 1886

To _____, 188

Box 12

3 deaths

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____

CERTIFICATE OF DEATH,

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 14,000

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Rodger Carroll
2. Age 3 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Thos Carroll N.Y. (State or Country.)
7. Mother's Name and Birthplace Bridg _____ (State or Country.)
8. Place of Death (If an Institution, state its name.) N.Y. (How long resided here.) _____ (If dying away from Home, give Home Address below)
9. Date and Hour of Death:—Died on the 28 day of Dec 1886, at about 7 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) Thos Carroll
11. I hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.*
<u>Diphtheritic Croup</u>	
Was a post-mortem held? _____	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature,) Dolph M.D.
 Place of Burial St. Marys Ch.
 Date of Burial Dec 29 1886 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not White) _____
 6. Father's Name and Birthplace _____
(State or Country)
 7. Mother's Name and Birthplace _____
(State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Chas Wood
2. Age _____ years _____ months _____ days. Sex _____ Color (Rate, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) Coble Hill (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Russell Wood (State or Country.) _____
7. Mother's Name and Birthplace Adelaid (State or Country.) _____
8. Place of Death (If an Institution, state its name.) Coble Hill (How long resided here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 27 day of Dec. 1886, at about 11 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and Residence of Reporter.) Wm Marsh

11. **I Hereby Certify, That I attended the deceased from** _____ 188__ , to _____ 188__ , **that I last saw** h. _____ 188__ **that** _____ **died on the** _____ **day of** _____ 188__ , **about** _____ **o'clock** _____ **M., and that to the best of my knowledge and belief the Cause of h. death was as hereunder written :**

CAUSE OR CAUSES OF DEATH	Duration of Disease in	
	Years,	Months, Days, or Hours.
<u>Capillary Bronchitis</u>		
Was a post-mortem held? <u>No.</u>		

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 25 day of Dec 1886.

No. of Burial Permit _____
 Place of Burial Hails Corner
 Date of Burial 12-29-86
Name and Residence of Undertaker Stantonson Residence, _____

(Signature.) Woy M.D.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

1300

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188_____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filing out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.
3478

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) Margaret Moloney
 2. Age 40 years _____ months _____ days Sex _____ Color (Race, if other than the white.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country) Ireland _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Place of Death (If an Institution, state its name.) Horsick Falls _____ (How long resident here.) 6 yrs. (If dying away from home, give home residence below.)
 9. Date and Hour of Death:—Died on the 28 day of Dec. 1886, at about 8 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) Pal. Moloney

11. I hereby certify, That I attended the deceased from _____ 188____, to _____ 188____, that I last saw h _____ 188____ that _____ died on the _____ day of _____ 188____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Heart Disease.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188____.

(Signature.) Dolph _____ M.D.

No. of Burial Permit _____
 Place of Burial St. Mary's _____
 Date of Burial Dec 28 _____
 (Name and Residence) of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

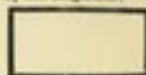
State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

STATE OF NEW YORK.
 County of _____

CERTIFICATE OF DEATH,

Form 1.

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



In the Town (Village) City of _____

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an infant not named, give parents' names.) _____
2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace (State or Country) _____
7. Mother's Name and Birthplace (State or Country) _____
8. Place of Death (If an institution, state its name.) _____ (How long resident here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .

No. of Burial Permit _____ (Signature) _____ M.D.

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY }
 MEDICAL }

STATE OF NEW YORK.
County of _____

CERTIFICATE OF DEATH,

Form 1.
No. of corresponding entry in Register Book of Deaths to be inserted here by the Registrar.

In the Town (Village) City of _____
 1. Full Name of Deceased (If an infant not named, give parents' names.) _____
 2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (Add State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give home address below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 188_____, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 (Signature.) _____ M.D.
 No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (*Cross out the words not required in this line.*) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (*if not white*) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident } here, }

Years	Mon.	Days

 (*How long in the United States, if of foreign birth.*)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

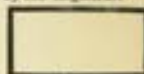
STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 2.

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



In the Town (Village) City of _____

1. Full Name of Deceased (*If an Infant not named, give parents' names.*) _____
2. Age _____ years _____ months _____ days Sex _____ Color (*Race, if other than the White.*) _____
3. Single, Married, Widowed (*Cross out words not required in this line.*) _____
4. Occupation _____
5. Birthplace (*and State or Country.*) _____ (*How long in the United States, if of foreign birth.*) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (*If an Institution, state its name.*) _____ (*How long resident here.*) _____ (*If dying away from home, give Home Residence below.*) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. **I** *Hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw* *h _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :*

CAUSE OR CAUSES OF DEATH	Duration of Disease in	
	Years,	Months, Days, or Hours.†
Was a post-mortem held?		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X: paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .

- No. of Burial Permit _____ (Signature) _____ M.D.
- Place of Burial _____
- Date of Burial _____ Residence, _____
- Name and Residence } of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate, by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

☞ This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

STATE OF NEW YORK.
County of _____
CERTIFICATE OF DEATH,

In the Town (Village) City of _____
 1. Full Name of Deceased (If an infant not named, give parents' names.) _____
 2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give home residence below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 188_____, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.

 Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†			

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 No. of Burial Permit _____ (Signature.) _____ M.D.
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence } of Undertaker. _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

IF This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
(State or Country)
 7. Mother's Name and Birthplace _____
(State or Country)
 8. Died at _____
 Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

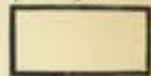
The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

STATE OF NEW YORK.
 County of _____
CERTIFICATE OF DEATH,

Form 1.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.



- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) _____
 2. Age _____ years _____ months _____ days. Sex _____ Color (None, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give time distance below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. **I** Hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in		* The duration of each Disease when given, is reckoned from its commencement until death.
	Years,	Months, Days, or Hours.†	
Was a post-mortem held? _____			

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__ .
 _____ (Signature,) _____ M.D.

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence } of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
(State or Country) _____
 7. Mother's Name and Birthplace _____
(State or Country) _____
 8. Died at _____
Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
_____ 188
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

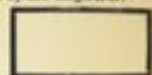
FAMILY.

MEDICAL.

STATE OF NEW YORK.
County of _____

CERTIFICATE OF DEATH,

Form 1.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.



In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) _____
2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resident here.) _____ (If dying away from home, give New Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Registrar.) _____

11. **I** **Hereby Certify**, That I attended the deceased from _____ 188, to _____ 188, that I last saw *h* _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of *h* _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____ (Signature) _____ M.D.
Place of Burial _____
Date of Burial _____ Residence, _____
Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

--	--

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of }
deceased }
 2. Age _____
 3. Single, Married or Widowed, (*Cross out the words not required in this line.*) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
Color and Race, (*if not white*) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
Resident here, }

Years	Mon.	Days
-------	------	------

 (*How long in the United States, if of foreign birth.*)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

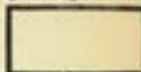
STATE OF NEW YORK.

County of _____

CERTIFICATE OF DEATH,

Form 1.

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



In the Town (Village) City of _____

1. Full Name of Deceased (*If an Infant not named, give parents' names.*) _____
2. Age _____ years _____ months _____ days Sex _____ Color (*None, if other than the White.*) _____
3. Single, Married, Widowed (*Cross out words not required in this line.*) _____ 4. Occupation _____
5. Birthplace (*and State or Country.*) _____ (*How long in the United States, if of foreign birth.*) _____
6. Father's Name and Birthplace _____ (*State or Country.*) _____
7. Mother's Name and Birthplace _____ (*State or Country.*) _____
8. Place of Death (*If an Institution, state its name.*) _____ (*How long resident here.*) _____ (*If dying away from Home, give Home Address below.*) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. **I** *Hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:*

CAUSE OR CAUSES OF DEATH.

Was a post-mortem held? _____

Duration of Disease in			
Years,	Months,	Days,	or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____

(Signature,) _____ M.D.

Place of Burial _____

Date of Burial _____

Residence, _____

Name and Residence } of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of Clerks of Cities (Villages) and Towns, as provided by the law for the Registry of Marriages, Births, and Deaths.

This certificate, when filled out, is to be registered within three days after its date, and is to be forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

81.75
 339.42
 359.87
 378.25
 374.50
 437.00
 294.75
 310.25
 355.24
 566.62
 527.50
 320.35

 4356.00

5475
 27.50

 81.75

Total from 86-89

RECORD
OF
DEATHS.

BY

From Jan 4, 1887.

To Jan 26, 1887.

Booy /
10 Deaths

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 2.

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

95

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 11. Cause of Death
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Wm H. Mackey*
2. Age *47* years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) *Ireland.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *James Dickey.* (State or Country.) _____
7. Mother's Name and Birthplace *Kate Dickey.* (State or Country.) _____
8. Place of Death (If an Institution state its name.) *H. F.* (How long resident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the *4* day of *July* 188*7*, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Com.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature) _____ M. D.
 Place of Burial *St. Mary's*
 Date of Burial *July 10* Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 2.

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

9500

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names) Ruby Dick
2. Age 2 years _____ months _____ days. Sex _____ Color (Name, if other than the White.) _____
3. Single, Married, Widowed (~~Cross out words not required in this line.~~) _____ 4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) West Haverick (How long resided here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 7 day of July 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<p style="font-size: 2em; text-align: center;"><u>Old Age</u></p>	
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature.) _____ M.D. _____
 Place of Burial West Haverick
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of _____

STATE OF NEW YORK.

Form 3.

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

1300

CERTIFICATE OF DEATH.

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Wm Hughes*
2. Age _____ years _____ months *17* days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) *A. I.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Mike Hughes* (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) *A. I.* (How long res-ident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the *8* day of *Jan* 188*7*, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours.†
<i>Abscess of the Head</i>		
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physicians.

FAMILY.

MEDICAL.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial *Path Cem.*
 Date of Burial *Jan 10*
 Name and Residence of Undertaker _____
 (Signature,) *A. Skinner* M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

1917

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 9. Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 10. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Gas Burke
2. Age 1 years 10 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Horch Falls (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Burke N. Y. (State or Country.) _____
7. Mother's Name and Birthplace Mary " " (State or Country.) _____
8. Place of Death (If an Institution, state its name.) L. H. P. (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 16 day of July 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

MEDICAL.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH
Capillary Bronchitis

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature.) Paul _____ M.D.
 Place of Burial St. Mary's
 Date of Burial July 11 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of }
 deceased }
 2. Age _____
 3. Single, Married or Widowed, (*Gross out the words not required in this line.*) _____
 4. Occupation _____
 5. Birthplace _____ (*State or Country*)
 Color and Race, (*if not white*) _____
 6. Father's Name and Birthplace _____
 _____ (*State or Country*)
 7. Mother's Name and Birthplace _____
 _____ (*State or Country*)
 8. Died at _____
 - Resident }

Years	Mon.	Days

 here, } (*How long in the United States, if of foreign birth.*) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.
 No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.

1800

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full Name of Deceased (*If an Infant not named, give parents' names.*) Ella Tooby
2. Age _____ years _____ months _____ days Sex f Color (*Black, if other than the White.*) _____
3. Single, Married, Widowed (*Gross out words not required in this line.*) _____ 4. Occupation _____
5. Birthplace (*and State or Country.*) Stallonsie (*How long in the United States, if of foreign birth.*) _____
6. Father's Name and Birthplace Frank Tooby (*State or Country.*) _____
7. Mother's Name and Birthplace _____ (*State or Country.*) _____
8. Place of Death (*If an Institution, state its name.*) Stallonsie (*How long resident here.*) _____ (*If dying away from Home, give Home Residence below.*) _____
9. Date and Hour of Death:—Died on the 7 day of July 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(*Signature and residence of Reporter.*) _____

11. **I** Heretby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Whooping cough.</u>	
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "menstrues and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial Mary
 Date of Burial Jan 11
 Name and Residence } of Undertaker _____
 _____ (*Signature.*) Doepf _____ M.D.
 Residence, _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital-Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

44005

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 11. Cause of Death
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Eugene H. Hopson
2. Age 78 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) H. H. (How long resident here.) _____ (If dying away from Home, give Home residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Pneumonia

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____ (Signature.) Aud M.D.

Place of Burial Mary Ann

Date of Burial 1-12 Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 5.
 No. of corresponding Entry in Register Book of Deaths to be inscribed here by the Registrar.

2950

In the Town (Village) City of

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

- FAMILY.**
1. Full Name of Deceased (If an infant not named, give parents' names.) John Brown
 2. Age 2 years 7 months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) N.Y. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Peter Brown (State or Country.) _____
 7. Mother's Name and Birthplace Mellie (State or Country.) _____
 8. Place of Death (If an institution state its name.) N.Y. (How long resident here.) _____ (If dying away from home, give home residence below.) _____
 9. Date and Hour of Death:—Died on the 11 day of _____ 1887, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h. _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Acute Pneumonia

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature.) [Signature] M.D.
 Place of Burial St. Charlesville
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

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

932

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
_____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

- FAMILY.**
1. Full Name of Deceased (If an Infant not named, give parents' names.) Fred Leonard
 2. Age 8 years 4 months _____ days Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (and State or Country.) A. J. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Chas Leonard (State or Country.) _____
 7. Mother's Name and Birthplace Clara Sutton (State or Country.) _____
 8. Place of Death (If an Institution state its name.) A. J. (How long resident here.) _____ (If dying away from Home, give Home residence below.) _____
 9. Date and Hour of Death:—Died on the 23 day of 1 1887, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and residence of Reporter.) _____

MEDICAL.

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Diphtheria

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
Place of Burial On apte Grove
Date of Burial _____
Name and Residence of Undertaker _____
(Signature.) Skinner M.D.
Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

35.00
35.00
13.00
18.00
19.87
44.00
24.50
85.00
53.00
20.00
281.87

Total from
Jan 4-26-

RECORD
OF
DEATHS.

BY

Book # 2.

Jan death

From *Jan 26*, 188*7*
To *Feb 20*, 188*7*

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

3572

CERTIFICATE OF DEATH.

In the Town (Village) City of

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Geo. E. Featon
2. Age 46 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 25 day of January 1887, at about 9 2 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.*
<u>Chronic Diarrhea.</u>	
Was a post-mortem held? <u>No.</u>	

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature.) Ashton M.D.
 Place of Burial Cambridge, N.Y.
 Date of Burial Jan 25 1887 Residence, _____
 Name and Residence of Undertaker W. J. Sou

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

County of

STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

1887

In the Town (Village) City of

1. Full name of deceased } _____

2. Age _____

3. Single, Married or Widowed, (Cross out the words not required in this line.) _____

4. Occupation _____

5. Birthplace (State or Country) _____

Color and Race, (if not white) _____

6. Father's Name and Birthplace _____

(State or Country)

7. Mother's Name and Birthplace _____

(State or Country)

8. Died at _____

Resident here, } Years Mon. Days (How long in the United States, if of foreign birth.)

9. Date of Death _____

10. Reported by _____

1887

11. Cause of Death _____

Certified by _____

Medical Attendant.

Was a post-mortem held? _____

Buried at _____

By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Jane Reynolds
 2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country) N.Y. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace John Reynolds (State or Country) _____
 7. Mother's Name and Birthplace Mary Reynolds (State or Country) _____
 8. Place of Death (If an Institution, state its name.) Hudson Falls (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
 9. Date and Hour of Death:—Died on the 28 day of January 1887 at about 6 A. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h. _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Bronchitis</u>		
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____

Place of Burial Mary's Care

Date of Burial Jan 28 1887

Name and Residence of Undertaker H. S. S. S.

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

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

6900

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) Frederick Harrison
 2. Age 19 years 1 months 3 days. Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation Farmer
 5. Birthplace (and State or Country) Horsick, N.Y. (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace R. H. H. N.Y. (State or Country)
 7. Mother's Name and Birthplace Mary C. Darling N.Y. (State or Country)
 8. Place of Death (If an Institution, state its name.) Horsick Falls (How long resided here.) (If dying away from home, give home residence below.)
 9. Date and Hour of Death:—Died on the 27 day of July 1887 at about 2 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

MEDICAL

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH

Inflammation of Bowels.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188____.

No. of Burial Permit _____ (Signature) Shaw M.D.
 Place of Burial Walter Hill
 Date of Burial Aug 30 Residence, _____
 Name and Residence of Undertaker _____

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY }
 MEDICAL }

In the Town (Village) City of.....
 1. Full Name of Deceased (If an infant not named, give parents' names.) Mary Wallace Stewart
 2. Age 0 years 2 months 7 days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) N. Y. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Fred Stewart (State or Country) _____
 7. Mother's Name and Birthplace Mary (State or Country) _____
 8. Place of Death (If an institution, state its name.) N. Y. (How long resided here.) _____ (If dying away from home, give home residence below.) _____
 9. Date and Hour of Death:—Died on the 28. day of July 1887, at about 4 M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____

11. I hereby certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Acute Scarlet Fever.</u>		
Was a post-mortem held? <u>No</u>		

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 No. of Burial Permit _____ (Signature) H. L. H. M.D.
 Place of Burial Oak Hill Cem. Troy.
 Date of Burial _____ Residence, N. Y.
 Name and Residence of Undertaker H. L. H.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

250

CERTIFICATE OF DEATH:

In the Town (Village) City of.....

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 11. Cause of Death
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mrs. Gehran.
2. Age 1 years 7 months — days. Sex — Color (Race, if other than the White.) —
3. Single, Married, Widowed (Cross out words not required in this line.) — 4. Occupation —
5. Birthplace (and State or Country.) Herrick Falls, N.Y. (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace Wm. Gehran (State or Country.) —
7. Mother's Name and Birthplace Catherine Gehran (State or Country.) —
8. Place of Death (If an Institution, state its name.) Herrick Falls, N.Y. (How long resided here.) — (If dying away from home, give home residence below.) —
9. Date and Hour of Death:—Died on the 1st day of July, 1887, at about 5.30 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Wm. Gehran

11. I hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw him _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Croupous Pneumonia.

Was a post-mortem held? No

Duration of Disease in	
Years,	Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____
 Place of Burial Herrick Falls, N.Y.
 Date of Burial July 1, 1887
 Name and Residence of Undertaker Ed. Brown

(Signature,) H. L. ... M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

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

43

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full Name of Deceased (If an Infant not named, give parents' names.) Albert C. Willis
 2. Age 3 years 7 months 7 days Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) Horseshoe Falls, N.Y. (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Byron Willis (State or Country) N.Y.
 7. Mother's Name and Birthplace Jennie F. (State or Country) _____
 8. Place of Death (If an Institution state its name.) N.Y. (How long resided here.) _____ (If dying away from home, give home residence below.) _____
 9. Date and Hour of Death:—Died on the 7 day of February 1887, at about 6 AM.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

(Signature and residence of Reporter.) _____
 11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h. _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :

MEDICAL.

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
<u>Membranous Croup.</u>				
Was a post-mortem held? _____				

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 No. of Burial Permit _____
 Place of Burial Stuyvesant
 Date of Burial _____
 Name and Residence of Undertaker Stuyvesant
 (Signature,) J. C. Shaw, M.D.
 Residence, _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3

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

CERTIFICATE OF DEATH.

12

In the Town (Village) City of.....

- Full name of deceased } _____
 - Age _____
 - Single, Married or Widowed, (Cross out the words not required in this line.) _____
 - Occupation _____
 - Birthplace (State or Country) _____
Color and Race, (if not white) _____
 - Father's Name and Birthplace (State or Country) _____
 - Mother's Name and Birthplace (State or Country) _____
 - Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 - Date of Death _____
 - Reported by _____
_____ 188
 - Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filing out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

- Full Name of Deceased (If an infant not named, give parents' names.) Henry C. Fenton
- Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
- Single, Married, Widowed (Cross out words not required in this line.) _____
- Occupation _____
- Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
- Father's Name and Birthplace (State or Country.) _____
- Mother's Name and Birthplace (State or Country.) _____
- Place of Death (If an institution, state its name.) _____ (How long res. here.) _____ (If dying away from home, give some residence below.) _____
- Date and Hour of Death:—Died on the _____ day of _____ 188, at about _____ M.
- I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Whooping Cough.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____
 Place of Burial Cambridge
 Date of Burial February 10.
 Name and Residence of Undertaker H. F. J.

(Signature,) Edwin M. D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.

Name and P. O. Address of Person who gave the Permit of Burial.

DEATH CERTIFICATE	

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

5923

In the Town (Village) City of.....
 1. Full Name of Deceased (If an Infant not named, give parents' names.) Perry Murphy
 2. Age 47 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Perry Murphy (State or Country) Ireland
 7. Mother's Name and Birthplace Ann (State or Country) "
 8. Place of Death (If an Institution, state its name.) Hornet Falls (How long resided here.) _____ (If dying away from home, give place of residence below.)
 9. Date and Hour of Death:—Died on the 11 day of July 1887, at about 8 M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____

FAMILY.

11. I hereby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw him _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.
<u>Coma</u>				
Was a post-mortem held? _____				

* The duration of each Disease, when given, is reckoned from its commencement until death.

MEDICAL.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 ☐ If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.

No. of Burial Permit _____ (Signature,) P. Root M.D.
 Place of Burial St. Mary's
 Date of Burial 2-13-87 Residence, _____
 Name and Residence } of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding entry in Register Book of Deaths to be inserted here by the Registrar.

4420

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) Calvin Hayer
2. Age 50 years _____ months _____ days. Sex M Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Michael Noonan (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) West Hockick (How long resided here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 16 day of July 1887, at about 10:00 P M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. *I* hereby certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*

* The duration of each disease, when given, is reckoned from its commencement until death.

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

The undertaker should secure the complete filing out of the first portion of this certificate by the head of the family, or other responsible friends, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature,) _____ M.D.

Place of Burial St. Mary's Ave

Date of Burial July 16 1887 Residence, _____

Name and Residence of Undertaker W. H. Su

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

(How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.

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

452

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Francis B. Pellings
2. Age 26 years 11 months 23 days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Horsick Falls, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Symon Davis (State or Country.) VT
7. Mother's Name and Birthplace Karna F. Davis (State or Country.) NY
8. Place of Death (If an Institution, state its name.) Horsick Falls (How long resided here.) _____ (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 16 day of Feb 1887, at about 8:30 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. **I** **hereby** **certify**, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw **h** _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of **h** _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Paralysis Heart.

Was a post-mortem held? No

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____
 Place of Burial Maple Grove
 Date of Burial 17 day 18-87
 Name and Residence } of Undertaker _____

(Signature.) J. O. Shaw M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

35⁰⁰

13.87

68.00

39.00

25.00

43.00

12.00

59.25

44.00

45.00

383.62

Total from Jan'y 26th
Feb'y 20th

RECORD
OF
DEATHS.

BY

From July 20, 1887.

To March 21, 1887

Book #3
Total Deaths

353
464
281
1128
267
1395

383
296
281
970

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

9250

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant not named, give parents' names.) Richard M. Donald
 2. Age 72 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution state its name.) H-17. (How long resident here.) _____ (If dying away from Home, give Home Address below.) _____
 9. Date and Hour of Death:—Died on the 28 day of Feb, 1887, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Registrar.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH

Dropsy

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours?

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 ☐ If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature,) A. J. C. _____ M.D.

Place of Burial St. Ann's Church

Date of Burial July 28 _____ Residence, _____

Name and Residence of Undertaker J. J. Sullivan

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

257

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by 188
 11. Cause of Death
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Callahan
2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) _____ (How long resided here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:--Died on the _____ day of _____ 188 , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature,) _____ M.D.
 Place of Burial St. Mary's H.F.
 Date of Burial 3-5-87 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

46rd

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Fanny Whitcomb
2. Age 58 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. ~~Single, Married, Widowed~~ (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resident here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw her _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in	
	Years, Months, Days, or Hours.	
<u>Cr.</u>		
Was a post-mortem held? _____		

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 [X] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial Maple Grove
 Date of Burial 3-6-87
 Name and Residence of Undertaker _____

(Signature) [Signature] M.D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

9000

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) David Corcoran
2. Age 38 years 10 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. ~~Single, Married, Widowed~~ (Cross out words not required in this line.) 4. Occupation _____
5. Birthplace (and State or Country.) Pittstown N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Corcoran (State or Country.) Ireland
7. Mother's Name and Birthplace Nora (State or Country.) _____
8. Place of Death (If an Institution state its name.) H.F. (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 4 day of March 1887, at about 5.00 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Mike Corcoran

11. I hereby Certify, That I attended the deceased from _____ 188 _____ to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
<u>Con.</u>				
Was a post-mortem held? _____				

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

Int.

No. of Burial Permit _____ (Signature.) _____ M.D.

Place of Burial St. Mary's Church

Date of Burial 3-6-87 Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

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State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 2.

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

34

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 9. Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 10. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an infant not named, give parents' names.) William T. Perry
2. Age 4 years 3 months 3 days. Sex Male Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) Hancock Falls, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Perry (State or Country) Canada
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) Hancock Falls (How long resided here.) _____ (If dying away from home, give time residence below.) _____
9. Date and Hour of Death:—Died on the 8 day of March 1887, at about 7 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw him _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u> meningitis </u>		
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____ (Signature,) Hudson M.D.
 Place of Burial St. Mary's Church
 Date of Burial March _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

1000

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years ____ Mos. ____ Days ____ (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 ____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names) Margaret Ann Buckley
2. Age 1 years 7 months 4 days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) Berkshire (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace (State or Country) _____
7. Mother's Name and Birthplace (State or Country) _____
8. Place of Death (If an Institution state its name.) Berkshire (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 11 day of March 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw her _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in			
	Years,	Months,	Days,	Hours.
Was a post-mortem held? _____				

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____
 (Signature) A. G. Weyers M.D.
 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

4280

REPORT OF DEATH.

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188. _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Catharine Joyce
2. Age 00 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Weyland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Mike Provan (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) St. Ann's Hospital (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 16 day of July 1887 at about 10:30 P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge. (Signature and residence of Reporter.) Catharine Joyce

11. I hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Heart Disease</u>	

Was a post-mortem held? No

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "menstrual and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____
 Place of Burial St. Ann's
 Date of Burial 2-17-87
 (Signature,) _____ M. D.
 Residence, _____
 (Name and Residence) of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

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State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

432

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 9. Resident here, } Years Mon. Days. _____ (How long in the United States, if of foreign birth.)
 10. Date of Death _____
 11. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ellen Callahan
2. Age 70 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Married
4. Occupation _____
5. Birthplace (and State or Country) Walden (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) Walden (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 18 day of Mar 1887, at about 12:30 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge. (Signature and residence of Reporter.) _____

MEDICAL.

11. I Herewith Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.

Bronchitis Devoiling

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____ (Signature,) W. J. ... M.D.

Place of Burial Walden

Date of Burial 3-20 Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

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State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

6330

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names) Eddy Hvalst
2. Age 3 years 4 months 13 days. Sex _____ Color (Race, if other than the White) _____
3. Single, Married, Widowed (~~Cross out words not required in this line.~~) _____
4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) _____ (How long res. least here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. **I** Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature,) _____ M.D.
 Place of Burial St Mary.
 Date of Burial 3. 27. Residence, _____
 By _____ of Undertaker

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

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State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace. _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
 _____ (State or Country) _____
 7. Mother's Name and Birthplace _____
 _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

2400

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) James M. G. G. G.
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace James M. G. G. (State or Country) Cuba
7. Mother's Name and Birthplace Margaret (State or Country) Ireland
8. Place of Death (If an Institution state its name.) _____ (How long res-ident here.) _____ (If dying away from home, give home address below)
9. Date and Hour of Death:—Died on the 20 day of 8 1887 at about 5 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†
<u>Croupous Pneumonia</u>	

Was a post-mortem held? _____

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____

(Signature) Robert M.D.

Place of Burial St. Mary's

Date of Burial 3-22-

Residence, _____

Name and Residence of Undertaker _____

The undertaker should secure the complete filing out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

☞ This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

24.00

63.50

42.50

43.25

10.00

30.00

90.00

45.00

25.00

92.00

464.75 total from

July 20 to Mar 21

464
664
1028

Drathi
1887

Year
1887

RECORD
OF
DEATHS.

BY

From Mar 27, 1887.

To Apr 15, 1887.

Book #4
Term Deaths

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

6787

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, } Years Mos. Days. _____ (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Catherine L. Hayes*
2. Age *30* years _____ months _____ days Sex _____ Color _____ (Race, if other than the White.)
3. Single, Married, -Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) *Canada* _____ (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Edw. Berry, Troy, N.Y.* _____ (State or Country)
7. Mother's Name and Birthplace *Mary, "Troy, N.Y.* _____ (State or Country)
8. Place of Death (If an Institution, state its name.) *N.Y.* _____ (How long resident here.) _____ (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the *11* day of *S* 188 *7* at about *9 P.* M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Mrs. P. Murphy

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<i>Cov.</i>		
Was a post-mortem held? _____		

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

† The duration of each disease, when given, is reckoned from its commencement until death.

Witness my hand this _____ day of _____ 188 _____.

(Signature,)

P. R. K.

M. D.

No. of Burial Permit _____

Place of Burial *St. Mary's*

Date of Burial *3-23-7*

Name and Residence of Undertaker _____

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

3476

CERTIFICATE OF DEATH.

In the Town (Village) City of..... *Edw. Jos. Walsh*

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Edw. Jos. Walsh*
2. Age *6* years *1* months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) *Married*
4. Occupation _____
5. Birthplace (and State or Country) *Honick N.Y.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Edw. Walsh.* (State or Country) _____
7. Mother's Name and Birthplace *Ann* (State or Country) _____
8. Place of Death (If an Institution, state its name.) *Honick N.Y.* (How long resident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the *24* day of *Mar.* 188 *7*, at about *1 P.* M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) *Mr. Edw. Walsh*

MEDICAL.

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Quins

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 [?] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____
 (Signature) *Ann* _____ M.D.

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

6940

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John A. Burns.
2. Age 23 years 6 months 29 days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) Ward, Co. N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Thos Burns (State or Country.) _____
7. Mother's Name and Birthplace Annwood Brazzall (State or Country.) _____
8. Place of Death (If an Institution state its name.) No Horvick St. (How long res. least here.) _____ (If dying away from home, give time residence below.) _____
9. Date and Hour of Death:—Died on the 27 day of March 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Thos Burns

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Pleura Pneumonia or
some severe lung trouble
from Cold

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

(Signature.) J. C. Haman M.D.
 Residence, _____
Hall Street

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial March 29/87
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

1917, Oct. 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of Rensselaer STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.

64114

In the Town (Village) City of Henrieville Falls, N.Y.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Walter E. Hauison
2. Age 60 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation Mechanic
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Hauison (State or Country) Ireland
7. Mother's Name and Birthplace Precilla Johnston (State or Country) _____
8. Place of Death (If an Institution state its name.) Henrieville Falls, N.Y. (How long res. absent here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 18 day of March 1887, at about 10 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY. }
 MEDICAL. }

(Signature and Residence of Reporter.) James B. Smith

11. I hereby Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.

Cancer of the Esophagus.

Was a post-mortem held? _____

Duration of Disease in			
Years,	Months,	Days,	or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____
 Place of Burial Albany, N.Y.
 Date of Burial March 30/87
 Name and Residence of Undertaker Hausman

(Signature,) J. C. Hauison M.D.
 Residence, Henrieville Falls

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death..|.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 2.

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

CERTIFICATE OF DEATH.

1888

In the Town (Village) City of.....

- 1. Full name of deceased } _____
 - 2. Age _____
 - 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 - 4. Occupation _____
 - 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 - 6. Father's Name and Birthplace (State or Country) _____
 - 7. Mother's Name and Birthplace (State or Country) _____
 - 8. Died at _____
Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.) _____
 - 9. Date of Death _____
 - 10. Reported by _____ 1888
 - 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

- 1. Full Name of Deceased (If an Infant not named, give parents' names.) Child of John Burns
- 2. Age _____ years 7 months 14 days Sex Male Color (Race, if other than the White.) Caucasian
- 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
- 5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
- 6. Father's Name and Birthplace _____ (State or Country) _____
- 7. Mother's Name and Birthplace _____ (State or Country) _____
- 8. Place of Death (If an Institution, state its name.) _____ (How long resident here.) _____ (If dying away from home, give home address below.) _____
- 9. Date and Hour of Death:—Died on the _____ day of _____ 1888, at about _____ M.
- 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and residence of Reporter.) _____

11. **I** Hereby Certify, That I attended the deceased from _____ 1888, to _____ 1888, that I last saw h _____ 1888 that died on the _____ day of _____ 1888, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
Was a post-mortem held? _____		

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1888.

No. of Burial Permit _____
Place of Burial St. Mary's Con. (Signature,) Rumma M.D.
Date of Burial _____ Residence, Havana
Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

3796

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names) Elizabeth A. Ackett.
2. Age 36 years _____ months _____ days. Sex Female Color (Race, if other than the White) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Married 4. Occupation _____
5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Edmund Ackett (State or Country) Ireland
7. Mother's Name and Birthplace Eliza (State or Country) _____
8. Place of Death (If an Institution state its name.) _____ (How long residing here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 3 day of April 1887, at about 6 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw her _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
<u>Coma</u>				
Was a post-mortem held? _____				

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial St. Mary's
 Date of Burial Apr 5
 Name and Residence of Undertaker _____
 (Signature,) J. K. Miller M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

7, 111

CERTIFICATE OF DEATH.

In the Town (Village) City of St. Albans

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Denis McCutley
2. Age 65 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. ~~Single~~, Married, Widowed, (Cross out words not required in this line.) _____ 4. Occupation Labourer
5. Birthplace (and State or Country) Cork, Ireland (How long in the United States, if of foreign birth.) 37y.
6. Father's Name and Birthplace (State or Country) Ireland
7. Mother's Name and Birthplace (State or Country) _____
8. Place of Death (If an Institution, state its name.) Home, St. Albans (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 8 day of Apr. 1887, at about 3 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and Residence of Reporter.) Chas. McCutley

MEDICAL.

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours.†
<u>Pulmonary Hemorrhage</u>		
Was a post-mortem held? <u>No</u>		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial St. Albans, Mass. (Signature) J. C. Munson M.D.
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker St. Albans

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

714

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, } Years Mos. Days. _____ (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an infant not named, give parents' names) *Julia Pritsker*
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Registrar.)

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<i>Diphtheria</i>		
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) *Kainit* M.D.
 Place of Burial *Cipm. 702*
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

CERTIFICATE OF DEATH.

6728

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names.) Wm D Condon
 2. Age 28 years 2 months 17 days. Sex _____ Color (Race, if other than the White) _____
 3. ~~Single, Married, Widowed~~ (Cross out words not required in this line.) 4. Occupation Machinist
 5. Birthplace (and State or Country) Cambridge (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace John Condon (State or Country) Ireland
 7. Mother's Name and Birthplace Mary McMahon (State or Country) _____
 8. Place of Death (If an Institution state its name.) Hopkuch Falls (How long resident here.) _____ (If dying away from home, give home residence below.) _____
 9. Date and Hour of Death:—Died on the 14 day of Apr 1887, at about 1 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

MEDICAL.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

(Signature and real name of Reporter.) Jenny Condon

11. I hereby certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw him _____ 188__ that he died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†

Was a post-mortem held? _____

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "menstrual and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature,) _____ M. D.

Place of Burial St. Francis

Date of Burial Apr 16 1887 Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

67.90
7.00
87.75
78.00
15.00
64.00
69.40
24.75
43.60
67.37

\$ 483.67

Total from
Mar 22 to Apr. 15,

RECORD
OF
DEATHS.

BY

From Apr 15, 1887.

To May 3, 1887.

Book #5.

10 Deaths

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, } (Years, Mos., Days) (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

8002

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names) *Anna Barron*
 2. Age *77* years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) _____ (How long res. least here.) _____ (If dying away from Home, give Home Residence below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 188_____, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

11. I Herceby Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.
old age
old age
 Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 No. of Burial Permit _____ (Signature,) _____ M. D.
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of }
 deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not
 required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or
 Country)
 Color and Race, (if not
 white) _____
 6. Father's Name and Birthplace _____
 _____ (State or
 Country)
 7. Mother's Name and Birthplace _____
 _____ (State or
 Country)
 8. Died at _____
 Resident }
 here, }

Years	Mo.	Days

 (How long in the United
 States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188____
 11. Cause of Death _____

 Certified by _____
 _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in
 Register Book of Deaths to be
 inserted here by the Registrar.

5352

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named,
 give parents' names.) David Lynch
 2. Age 25 years 6 months 5 days Sex Male Color (Race, if other than
 the White.) _____
 3. Single, Married, Widowed (Cross out words not re-
 quired in this line.) _____ 4. Occupation Laborer
 5. Birthplace (and State
 or Country.) Horseshoe Bend, N.Y. (How long in the United
 States, if of foreign birth.) _____
 6. Father's Name and Birthplace William Lynch (State or
 Country) Ireland
 7. Mother's Name and Birthplace Bridget Wallace (State or
 Country) "
 8. Place of Death (If an Institution
 state its name.) 23 Lefferts St. (How long res-
 ident here.) _____ (If dying away from home,
 give Home Residence below.)
 9. Date and Hour of Death:—Died on the 23 day of Apr 1887, at about 5 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 _____ (Signature and resi-
 dence of Reporter.)

11. I Herewith Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw
 h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the
 best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Phthisis Pulmonalis

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease,
 when given, is reckoned from its
 commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance:
 insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy,
 and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions
 and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .
 _____ (Signature,) Hannan M.D.
 No. of Burial Permit _____
 Place of Burial H. T.
 Date of Burial Apr. 25/87
 _____ (Name and
 Residence) of Undertaker. _____ Residence, _____

1911

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

6400

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 1887
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Elysa Lett, Tendaryast
2. Age 37 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) N. Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Pat. McGrath (State or Country.) _____
7. Mother's Name and Birthplace Elizabeth (State or Country.) _____
8. Place of Death (If an institution, state its name.) N. Y. (How long resided here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 27 day of Apr 1887, at about 4 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†	
	Years	Months, Days, or Hours
<u>Coma</u>		
Was a post-mortem held?		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____

Place of Burial _____

Date of Burial _____

Name and Residence of Undertaker _____

(Signature.)

Han M.D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this item.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

35,62

In the Town (Village) City of
 1. Full Name of Deceased (If an Infant not named, give parents' names.) Patrick Rooney
 2. Age 77 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed, (Cross out words not required in this item.) _____ 4. Occupation Laborer
 5. Birthplace (and State or Country) Scotland (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) _____ (How long res-ident here.) _____ (If dying away from Home, give Home Residence below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 188__ , at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

(Signature and residence of Reporter.) _____
 11. I hereby Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.
Pneumonia on board of
St. Circassia. Apr. 20/87.
 Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

MEDICAL.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

Witness my hand this _____ day of _____ 188__ .

No. of Burial Permit _____ (Signature,) _____ M. D. _____
 Place of Burial St. Mary's
 Date of Burial Apr. 21/87 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

2000

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
 _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____
 _____ (State or Country.) _____
 8. Died at _____
 - Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Child A Mitchell
2. Age 6 years 6 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 _____ (Signature and real Name of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____

No. of Burial Permit _____
 Place of Burial Hosage N.Y. (Signature,) _____ M.D.
 Date of Burial Apr. 30 1887
 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years Mon. Days } _____
 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

762

In the Town (Village) City of.....

1. Full Name of Deceased (If no infant not named, give parent's name) Child of David Smith
 2. Age _____ years _____ months 14 days Sex _____ Color (Name, if other than the White) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Place of Death (If an Institution state its name.) _____ (How long resided here.) _____ (If dying away from Home, give Home Residence below.) _____
 9. Date and Hour of Death:—Died on the _____ day of _____ 188_____, at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.)

11. I Herewith Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h _____ 188_____, that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

 Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.

No. of Burial Permit _____
 Place of Burial St. Mary's Cem. (Signature,) _____ M.D. _____
 Date of Burial Apr 30 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

County of..... STATE OF NEW YORK.

Form 3.

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

401

CERTIFICATE OF DEATH.

In the Town (Village) City of Horwich....

1. Full Name of Deceased (If an Infant not named, give parents' names) Mary C. Gleason Fisk
 2. Age 38 years 7 months _____ days Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed, (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country) Hudson Wash Co (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace Ina Gleason Tuleen Wash (Country) _____
 7. Mother's Name and Birthplace Hepzibath Gleason (State or Country) _____
 8. Place of Death (If an Institution, state its name.) Ho Horwich (How long res-ident here.) _____ (If dying away from home, give home address below.)
 9. Date and Hour of Death:—Died on the 29 day of Apr 1887, at about 11:30 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and resi-dence of Registrar.)

11. I Herceby Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.
<u>Peripneural Fever</u>				
Was a post-mortem held?				

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

† The duration of each Disease, when given, is reckoned from its commencement until death.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____
 Place of Burial St. John, Cambridge
 Date of Burial _____
 Name and Residence of Undertaker _____

(Signature,) J. C. Shaw M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 2.

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

600

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Child of Pyman*
2. Age _____ years _____ months *2 x 6* days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give some Address below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw her _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in	
	Years,	Months, Days, or Hours.†
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, septitis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature,) _____ M.D.

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

☞ This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

3700

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mike Mul Kearns
2. Age 5 1/2 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation Redster
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) At Home (How long resident here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 2 day of May 1887, at about 11 P:M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.*
<u>Heart Clot.</u>		
Was a post-mortem held? <u>Yes by Hudson Hunt</u>		

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature,) DeLaney M.D.
 Place of Burial St. Mary's Church
 Date of Burial May 4 Residence, Cort
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

2325

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John F. Mognihan
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Mognihan (State or Country) _____
7. Mother's Name and Birthplace Mary (State or Country) _____
8. Place of Death (If an Institution, state its name.) H. F. (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 23 day of May 1887 at about 6 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
<u>Menigitis</u>				

Was a post-mortem held? <u>Yes</u>				

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature.) M. M. M. M. D.

Place of Burial _____

Date of Burial May 27 1887 Residence, _____

Name and Residence of Undertaker John F. Mognihan

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

50.-

53.50

64.14

351.62

20.00

762

40.00

6.00

34.00

23.20

\$ 333.99

RECORD
OF
DEATHS.

BY

From May 4, 1887.

To July 3, 1887.

~~#6~~

10 Deaths.

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

2162

In the Town (Village) City of _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

1. Full Name of Deceased (If an Infant not named, give parents' names) *Lucas Rudzgat*
2. Age *1* years *2* months *11* days. Sex _____ Color (Race, if other than the White) _____
3. Single, ~~Married~~, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) *Horick Falls, N.Y.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Mr. Rudzgat* (State or Country) *Wash. Co. N.Y.*
7. Mother's Name and Birthplace *Elizabeth McGrath* (State or Country) *Renss.*
8. Place of Death (If an Infant state its mother) *Horick Falls, N.Y.* (If dying away from home, state here.) _____ (If dying away from home, give place here.) _____
9. Date and Hour of Death:—Died on the *4* day of *May* 188*7*, at about *7.20* P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge. (Signature and residence of Reporter.) *Mr. Rudzgat*

11. **I** **Hereby** **Certify**, That I attended the deceased from _____ 188*7*, to _____ 188*7*, that I last saw h _____ 188*7* that _____ died on the _____ day of _____ 188*7*, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours,†

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188*7*.
No. of Burial Permit _____
Place of Burial *Horick Falls* (Signature) *J. P. Hamman* M.D.
Date of Burial _____
Residence, _____
Name and Residence of Undertaker _____

† The duration of each disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 * Color and Race, (if not whole) _____
 6. Father's Name and Birthplace _____
(State or Country)
 7. Mother's Name and Birthplace _____
(State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 2.

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

4500

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Elizabeth Ward.*
2. Age _____ years _____ months _____ days Sex _____ Color (None, if other than the White.) _____
3. Single, Married, Widowed, (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) *St. Albans, N.Y.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *James Ward.* (State or Country.) _____
7. Mother's Name and Birthplace *Elizabeth Clark.* (State or Country.) _____
8. Place of Death (If an Institution, state its name.) *St. Albans.* (How long res-ident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the *7.* day of *May* 188*7*, at about *4:30* P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) *James Ward.*

11. I Hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in			
	Years	Months	Days	or Hours.
<i>Membranous Croup.</i>				
Was a post-mortem held? _____				

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 [X] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature.) *James Ward.* M.D.
 Place of Burial *St. Albans, N.Y.*
 Date of Burial *May 9.* Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate, by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

45 90

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) James A. Forsyth
2. Age 75 years 2 months 20 days. Sex _____ Color (State, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Single 4. Occupation Bookkeeper
5. Birthplace (and State or Country.) Andover Mass. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace James Forsyth (State or Country) England
7. Mother's Name and Birthplace Margaret " (State or Country) "
8. Place of Death (If an Institution state its name.) Rocky Hill (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 7 day of May 1887, at about 5:30 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY. }
 MEDICAL. }

(Signature and residence of Reporter.) James Forsyth

11. I Hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw h. _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in		† The duration of each disease, when given, is reckoned from its commencement until death.
	Years,	Months, Days, or Hours.†	
<u>Pneumonia</u>			
Was a post-mortem held? _____			

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature,) R. Ash ton M.D.

Place of Burial _____

Date of Burial May 11 Residence, _____

Name and Residence of Undertaker J. T. Jones

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

☞ This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

170

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physicians.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Elizabeth Bayard*
2. Age *56* years *10* months *7* days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) *Carlton, Indiana, U.S.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Patrick Gall* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Patience Corcoran* (State or Country) _____
8. Place of Death (If an Institution state its name.) *At Home* (How long resided here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the *7* day of *May*, 188*7*, at about *7* P.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and real name of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188*7*, to _____ 188*7*, that I last saw h _____ 188*7* that _____ died on the _____ day of _____ 188*7*, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Sclerosis of the liver with nephritis

Was a post-mortem held? *unknown*

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "osteles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188*7*.

No. of Burial Permit _____ (Signature.) *J. C. Hanna, M.D.*

Place of Burial *St. Mary's Chh.*

Date of Burial *May 9, 1887* Residence, _____

Name and Residence of Undertaker *J. J. Lee*

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

CERTIFICATE OF DEATH.

22

In the Town (Village) City of Horseneck (No)

1. Full name of deceased } _____
2. Age _____
3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~) _____
4. Occupation _____
5. Birthplace _____ (State or Country) _____
Color and Race, (~~if not white~~) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Died at _____
Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
9. Date of Death _____
10. Reported by _____ 188__
11. Cause of Death _____

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Geo. McKim
2. Age 9 years _____ months _____ days. Sex _____ Color (~~Race, if other than the White.~~) _____
3. Single, ~~Married~~, Widowed (~~Cross out words not required in this line.~~) _____ 4. Occupation _____
5. Birthplace (~~and State or Country.~~) No. Horseneck (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Martin McKim (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an institution, state its name.) No. Horseneck (How long resided here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 13th day of May 1887, at about 10 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

MEDICAL.

11. I Herewith Certify, That I attended the deceased from _____ 188__ , to _____ 188__ , that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__ , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.
Dysentery

Was a post-mortem held? _____

Duration of Disease in			
Years,	Months,	Days,	or Hours.

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Certified by _____ Medical Attendant.
Was a post-mortem held? _____
Buried at _____
By _____

Witness my hand this _____ day of _____ 188__ .
No. of Burial Permit _____
Place of Burial _____
Date of Burial _____
Name and Residence of Undertaker _____

(Signature.) J. R. Hudson M.D.
Residence, _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

862

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John H Carr
2. Age 34 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____, 4. Occupation _____
5. Birthplace (and State or Country) Catskill N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Chas Carr (State or Country.) _____
7. Mother's Name and Birthplace Catherine Carr (State or Country.) _____
8. Place of Death (If an Institution, state its name.) A. I. (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 27 day of May, 1887, at about 12.30 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Registrar.)

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in	
	Years, Months, Days, or Hours.	†
<u>Pulmonary Tuberculosis</u>		
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial St. Marys Cem. (Signature.) Skinner M.D.
 Date of Burial 5-28 Residence, _____
 Name and Residence of Undertaker A. J. ...

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
_____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

CERTIFICATE OF DEATH.

3975

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ann McCaffery
2. Age 40 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Thos Conolly (State or Country) Ireland
7. Mother's Name and Birthplace Mary (State or Country) _____
8. Place of Death (If an Institution state its name.) St. Joseph's Asylum (How long resident here.) _____ (If dying away from Home, give Home Residence below)
9. Date and Hour of Death:—Died on the 30 day of May 1887, at about 11:30 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and Residence of Reporter.) John Early

11. I hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw her _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:—

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.*
<u>Sclerosis of the Liver</u>	
<u>or Chronic Hepatitis</u>	
Was a post-mortem held? <u>No</u>	

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature) _____ M.D.

Place of Burial St. Joseph's

Date of Burial June 1st Residence, _____

Name and Residence of Undertaker _____

The Deceased was not properly my patient, she belonged to _____

Michael O'Connell, Michael O'Connell, Dr. J. C. ...

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

6827

CERTIFICATE OF DEATH.

In the Town (Village) City of Hornell

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mary Hordilian
2. Age 5-7 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) Hornell (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 17 day of June 1887, at about 6 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

MEDICAL.

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Sclerosis of Liver

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____

Place of Burial St Marys

Date of Burial July 19/1887

Name and Residence of Undertaker _____

(Signature,)

J. C. Haman

M. D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

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

53-22

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
2. Age _____
3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
4. Occupation _____
5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Died at _____
Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
9. Date of Death _____
10. Reported by _____ 188 _____
11. Cause of Death _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Geo B. Kuch
2. Age 82 years 10 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) West Horwick (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 16 day of June 1887, at about 7 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herely Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Bright's Disease</u>	
Was a post-mortem held? <u>No</u>	

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____

Place of Burial West Horwick (Signature.) Wm L. Clark M.D.

Date of Burial June 19, 1887 Residence, Horwick

Name and Residence of Undertaker Hansen

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (*Cross out the words not required in this line.*) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (*How long in the United States, if of foreign birth.*)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Registrar Book of Deaths to be inserted here by the Registrar.

45-22

In the Town (Village) City of _____

1. Full Name of Deceased (*If an Infant not named, give parents' names.*) John Hutton
2. Age _____ years _____ months _____ days Sex _____ Color (*Black, if other than the White.*) _____
3. Single, Married, Widowed (*Cross out words not required in this line.*) _____ 4. Occupation _____
5. Birthplace (*and State or Country.*) _____ (*How long in the United States, if of foreign birth.*) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (*If an Institution, state its name.*) _____ (*How long resident here.*) _____ (*If dying away from home, give home residence below.*) _____
9. Date and Hour of Death:—Died on the 1 day of July 1887, at about 10 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. **I** Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†	
	Years	Months, Days, or Hours.†
<u>Dropsy</u>		
Was a post-mortem held? _____		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instances: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 [X] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature,) _____ M. D.
 Place of Burial Maple Grove
 Date of Burial July 3rd Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

45.00
45.00
21.62
62.00
22.00
36.25
39.75
68.75
55.00
45.00

440.37

RECORD
OF
DEATHS.

BY

From July 3., 188?

To July 29., 188?

Box # 7
10 Deaths

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased Johanna Tobin

2. Age 70 yrs.

3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~)

4. Occupation Housekeeper

5. Birthplace Irland (State or Country)

Color and Race, (if not white) _____

6. Father's Name and Birthplace _____

(State or Country) _____

7. Mother's Name and Birthplace _____

(State or Country) _____

8. Died at A. G. ...

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death June 21.

10. Reported by _____

188 _____

11. Cause of Death Emphysema

of the Lungs.

Certified by Hannan Medical Attendant.

Was a post-mortem held? No.

Buried at St. Mary's

By W. J. ...

9540

REPORT OF DEATH.

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John Dwyre
2. Age 25 years _____ months _____ days. Sex Male Color (Race, if other than the White.) _____
3. ~~Single~~, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation Labourer
5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Michael Dwyre (State or Country) Ireland
7. Mother's Name and Birthplace Brid (State or Country) _____
8. Place of Death (If an Institution state its name.) Bushwick (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 7 day of July 1887 at about 12 M.
10. I hereby report this Death and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Many Dwyre, Bushwick

11. I Hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h. _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Acute Articular
Rheumatism

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____
Place of Burial St Mary's Roscoe Falls
Date of Burial July 5
Name and Residence of Undertaker W. H. L.

(Signature.) A. J. Myers, M.D.
Residence, Bushwick

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
Resident here, } Years, Mos., Days, _____ (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of _____ STATE OF NEW YORK.

Form 2.

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

5350

CERTIFICATE OF DEATH.

In the Town (Village) City of _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

1. Full Name of Deceased (If an Infant not named, give parents' names) Dupri Robinson
2. Age 5⁶ years _____ months _____ days Sex _____ Color (Race, if other than the White) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country)
7. Mother's Name and Birthplace _____ (State or Country)
8. Place of Death (If an Institution state its name.) _____ (How long resident here.) _____ (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 10 day of July 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
Was a post-mortem held?		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

- No. of Burial Permit _____ (Signature) _____ M.D.
- Place of Burial _____
- Date of Burial _____ Residence, _____
- Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

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

6100

CERTIFICATE OF DEATH.

In the Town (Village) City of _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Theo Wachtman
2. Age 63 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Married 4. Occupation Hotel Keeper
5. Birthplace (and State or Country.) Brunswick, Germany (How long in the United States, if of foreign birth.) 33 yrs.
6. Father's Name and Birthplace Theo Wachtman (State or Country) Germany
7. Mother's Name and Birthplace Doretta (State or Country) _____
8. Place of Death (If an Institution state its name.) H. F. (How long resident here.) 2 mos. (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 13 day of July 1887, at about 10 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.)

Theo

11. I Hereby Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Cancer of Stomach

Was a post-mortem held? No.

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature.) Hannan M.D.

Place of Burial Maple Grove Cem.

Date of Burial July 13 Residence, _____

Name and Residence of Undertaker J. H. [unclear]

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
 Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
 Resident here, } Years, Min., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by
 11. Cause of Death
 Certified by _____ Medical Attendant.
 Was a post-mortem held?
 Buried at
 By

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

6.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) Houlikan
 2. Age 2 years 2 months days. Sex Color (Race, if other than the White.)
 3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation
 5. Birthplace (and State or Country.) (How long in the United States, if of foreign birth.)
 6. Father's Name and Birthplace (State or Country.)
 7. Mother's Name and Birthplace (State or Country.)
 8. Place of Death (If an Institution state its name.) (How long resided here.) (If dying away from home, give home residence below.)
 9. Date and Hour of Death:—Died on the _____ day of _____ 188 , at about _____ M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

(Signature and residence of Reporter.)

11. I Herewith Certify, That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

 Was a post-mortem held?

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature) _____ M. D.
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country.)
 Color and Race, (if not white.) _____
 6. Father's Name and Birthplace _____
(State or Country.)
 7. Mother's Name and Birthplace _____
(State or Country.)
 8. Died at _____
 Resident } here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____
 _____ 188
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

7, 20

In the Town (Village) City of

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Howell Han
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) _____ (How long res-ident here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 , at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

MEDICAL.

11. **I** **Hereby Certify,** That I attended the deceased from _____ 188 , to _____ 188 , that I last saw h _____ 188 that _____ died on the _____ day of _____ 188 , about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 .

No. of Burial Permit _____ (Signature.) _____ M. D.

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence } of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....


Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

 This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

2125

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mary Kelly
2. Age 5 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Michael Kelly (State or Country) Ireland
7. Mother's Name and Birthplace Ann Tracy Howard (State or Country) N.Y.
8. Place of Death (If an Institution state its name.) N.Y. (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 22 day of July 1887 at about 9 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†			
	Years	Months	Days	Hours
<u>Convulsions</u>				
Was a post-mortem held? _____				

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, septitis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature.) Heaman M.D.
 Place of Burial Carson's Burial
 Date of Burial July 27 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Mike Hanford 5-5-1911

2. Age 20 yr.

3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~)

4. Occupation _____

5. Birthplace Co. Cork (State or Country) Ireland

Color and Race, (if not white) _____

6. Father's Name and Birthplace John Hanford (State or Country) _____

7. Mother's Name and Birthplace Anna Cassock (State or Country) _____

8. Died at A. F. ...

Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death July 29

10. Reported by _____

188 _____

11. Cause of Death _____

Certified by _____
Medical Attendant.

Was a post-mortem held? _____

Buried at St. Mary's

By July 31

55.00

21.25

6.00

7.25

6.00

61.00

39.00

53.50

35.00

35.00

\$318.00

Total from July 3
to July 27

0887

RECORD
OF
DEATHS.

BY

From July 29, 1887.
To Sept. 10, 1887.

Book #f ,
10 Deaths

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

350

In the Town (Village) City of.....

1. Full Name of Deceased (If an infant not named, give parents' names.) Henry M. Peltzer
2. Age 45 years _____ months _____ days. Sex _____ Color White (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace _____ (State or Country)
7. Mother's Name and Birthplace _____ (State or Country)
8. Place of Death (If an Institution state its name.) N.Y. (How long resided here.) _____ (If dying away from home, give true Residence below.)
9. Date and Hour of Death:—Died on the 29 day of July 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.)

11. I hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.
Tubercular Phthisis		

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____ (Signature.) _____ M.D.
 Place of Burial Maple Grove
 Date of Burial Aug 1st Residence, _____
 Name and Residence of Undertaker H. H. ...

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

1562

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) John C. Wilson
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) A. I. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Michael Wilson (State or Country) N. Y.
7. Mother's Name and Birthplace Bridg. Murphy (State or Country) Ireland
8. Place of Death (If an Institution, state its name.) A. I. (How long resident here.) _____ (If dying away from home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 2nd day of Aug., 1887, at about 10th M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Imperfect Development</u>	
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 3 day of Aug. 1887.

No. of Burial Permit _____ (Signature) J. C. Hannan M.D.
 Place of Burial St. Mary's Cem.
 Date of Burial Aug. 3 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

20.111

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, } Years Mon. Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Robt. Spuditt
2. Age 2 years 8 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) Married 4. Occupation _____
5. Birthplace (and State or Country.) Free, Ill. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Albert Spuditt (State or Country.) _____
7. Mother's Name and Birthplace Mary (State or Country.) _____
8. Place of Death (If an Institution state its name.) Horlick Hall (How long resides here.) _____ (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 6 day of May 1887, at about 10 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Albert Spuditt

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†	The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature.) _____ M. D. _____
 Place of Burial _____
 Date of Burial _____ Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

60,114

CERTIFICATE OF DEATH.

In the Town (Village) City of Wallkill

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Philip Bradley
2. Age 72 years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. ~~Single~~, ~~Married~~, Widowed (Cross out words not required in this line.) 4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) Wallkill, _____ (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 7 day of Aug., 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Cholera Morbus.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, septicaemia, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____
 Name and Residence of Undertaker _____

(Signature.) U. E. Fox _____ M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

60.114

CERTIFICATE OF DEATH.

In the Town (Village) City of Amherst...

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Josiah E. Harrison
2. Age 14 years 8 months 2 days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed, (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) Amherst, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace R. L. Harrison (State or Country) _____
7. Mother's Name and Birthplace Mary E. Kueh (State or Country) _____
8. Place of Death (If an Institution state its name.) Amherst N.Y. (How long resident here.) _____ (If dying away from home, give time residence below.) _____
9. Date and Hour of Death:—Died on the 12 day of Aug 1887, at about 9:30 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

John Harrison

11. I Hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Pneumonia.</u>		
Was a post-mortem held?		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 13 day of Aug 1887

(Signature) J. C. Mann M.D.
 Residence, _____

No. of Burial Permit _____
 Place of Burial _____
 Date of Burial _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

5700

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of } deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. } (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Dawson
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, ~~Married~~, ~~Widowed~~ (Cross out words not required in this line.) 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace William Dawson Valley Falls (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution, state its name.) Cuba Bridge (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the 14 day of Aug 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and Residence of Reporter.)

MEDICAL.

11. I Hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.

Killed by cars at Cuba Bridge
J.R.R.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature) James Dawson M.D.

Place of Burial Valley Falls

Date of Burial _____ Residence, Cuba

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

1100

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) Frank J. Gallup
2. Age _____ years _____ months _____ days Sex M. Color (Race, if other than the White.) _____
3. Single, Married, Widowed (~~Cross out words not required in this line.~~) _____
4. Occupation _____
5. Birthplace (and State or Country) A. T. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Frank C. Gallup (State or Country) Mass
7. Mother's Name and Birthplace Jessie Clapper (State or Country) N.H.
8. Place of Death (If an Institution state its name) A. T. (How long res. (not here.) _____) (If dying away from home, give time residence below)
9. Date and Hour of Death:—Died on the 19 day of Aug 1887, at about 6 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. *I* hereby certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Cholera Infantum</u>	<u>2.</u>
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial Hoosick Falls
 Date of Burial Aug 21
 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } Carroll to American

2. Age deceased by Pomeroy

3. Single, Married or Widowed, (Cross out the words not required in this line.)

4. Occupation 30th

5. Birthplace _____ (State or Country) _____

Color and Race, (if not white) _____

6. Father's Name and Birthplace _____

(State or Country) _____

7. Mother's Name and Birthplace _____

(State or Country) _____

8. Died at Amsterdam N.Y.

Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Aug. 28/07

10. Reported by _____

188 _____

11. Cause of Death _____

Certified by _____
Medical Attendant.

Was a post-mortem held? _____

Buried at _____

By _____

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of } Bridget Luddy
 deceased }

2. Age 78 1/4

3. ~~Single~~, ~~Married~~ or Widowed, (Cross out the words not required in this line.)

4. Occupation _____

5. Birthplace _____ (State or Country) _____

Color and Race, (if not white) _____

6. Father's Name and Birthplace _____

_____ (State or Country) _____

7. Mother's Name and Birthplace _____

_____ (State or Country) _____

8. Died at Hornell Falls

Resident }

Years	Mon.	Days

 here, } (How long in the United States, if of foreign birth.) _____

9. Date of Death Aug 30 1887

10. Reported by _____

_____ 188
 11. Cause of Death Dysentery

Certified by _____ *Medical Attendant.*

Was a post-mortem held? _____

Buried at _____

By _____

40.119 206

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

55.78

1. Full name of deceased } John McGrath

2. Age 36 - 3 -

3. Single, ~~Married~~ or Widowed, (Cross out the words not required in this line.)

4. Occupation laborer

5. Birthplace Green (State or Country) N.Y.

Color and Race, (if not white) _____

6. Father's Name and Birthplace Pat.

McGrath (State or Country) Ellen

7. Mother's Name and Birthplace _____

Powers (State or Country) _____

8. Died at N.Y.

Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death Sept. 10 - 11 P.M.

10. Reported by _____

11. Cause of Death 188
Typhoid
fever

Certified by H. S. Medical Attendant.

Was a post-mortem held? no

Buried at St. Mary's

By Sept 12.

55.75

40.00

30.00

11.00

30.00

60.00

60.00

20.00

15.62

35.00

\$ 377.37 Total from

July 29th to Sept 10th

RECORD
OF
DEATHS.

BY

From Sept. 12, 1887
To Oct 4, 1887

18 Deaths.

Book #9.

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

37.25

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) Jennie Dunn.
2. Age 9 years 6 months 12 days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) A. I. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Frank Dunn. (State or Country.) Ireland.
7. Mother's Name and Birthplace Ellen Hayden Dunn. (State or Country.) " "
8. Place of Death (If an Institution state its name.) Horsick Falls. (How long res. here.) _____ (If dying away from home, give true address below.) _____
9. Date and Hour of Death:—Died on the 11. day of Sept. 1887, at about 1 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

MEDICAL.

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Diphtheria Croup.</u>	
Was a post-mortem held? <u>No.</u>	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, sephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial St. Mary's Cem.
 Date of Burial Sept. 12-87
 Name and Residence of Undertaker H. H. ... Residence, _____
 (Signature.) H. H. ... M.D.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of

STATE OF NEW YORK.

Form 3.

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

3002

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188. _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ernest Covey
2. Age 14 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) Sand Gate, N.Y. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Abner Covey Sand Gate, N.Y. (State or Country) _____
7. Mother's Name and Birthplace Frankie Ruppert N.Y. (State or Country) _____
8. Place of Death (If an Institution state its name.) Hoosick Falls (How long resided here.) 8 (If dying away from Home, give Home Residence below.) _____
9. Date and Hour of Death:—Died on the 20 day of Sept 1887, at about 8 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Abner Covey

11. I Herely Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h. _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h. _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Drowned in the Hoosick River

Sept 20, 1887

Was a post-mortem held? _____

Duration of Disease in			
Years,	Months,	Days,	or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____ (Signature) Abner Covey M.D.

Place of Burial Sand Gate, N.Y.

Date of Burial Sept 22 Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

76 65

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
 (State or Country) _____
 7. Mother's Name and Birthplace _____
 (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *John Reardon*
2. Age *53* years *4* months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ Occupation *Farmer.*
5. Birthplace (and State or Country) *Co. Wick, Ireland.* (How long in the United States, if of foreign birth.) *35 yrs.*
6. Father's Name and Birthplace *John A. Reardon.* (State or Country) *Ireland*
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an institution, state its name.) *Horwick Hall.* (How long resident here.) *35.* (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the *21* day of *Sept.* 188*7*, at about *3.30 A.* M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

John Reardon Jr.

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<i>Phthisis Pulmonalis</i>	
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial *St. Mary's Cem.* (Signature) *Spencer* M.D.
 Date of Burial *Sept 23*
 Name and Residence of Undertaker *A. J. ...* Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

3328

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names) Catherine Leonard
2. Age 8 years 3 months 21 days. Sex F. Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) Birmingham, Ala. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Quincy Leonard (State or Country) N.Y.
7. Mother's Name and Birthplace Margaret T. Hall (State or Country) _____
8. Place of Death (If an Institution state its name.) Hobick Hall (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 26th day of Sept. 1887, at about 11 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Registrar.)

11. I hereby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw her _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Measles and Croup

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____ (Signature) Hannon M.D.
 Place of Burial _____
 Date of Burial Sept 27 Birmingham, Ala.
 Name and Residence of Undertaker H. H. Son

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

75,100

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years Mon. Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Thos. Ludmore
2. Age 23 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation Brakeman
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution, state its name.) N.Y. (How long res. spent here.) _____ (If dying away from home, give Home Address below.) _____
9. Date and Hour of Death:--Died on the 28 day of Sept. 1887, at about 9a. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

MEDICAL.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Accidentally Killed.

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature,) Robert H. Hudson
 Place of Burial Salmon
 Date of Burial Sept 29 Residence, _____
 Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of Rensselaer STATE OF NEW YORK.

Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

60,111

CERTIFICATE OF DEATH.

In the Town (Village) City of Watkins

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physicians.

- FAMILY.**
1. Full Name of Deceased (If an Infant not named, give parents' names.) John Bacon
 2. Age 33 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution, state its name.) City Hospital, (How long resided here.) _____ (If dying away from home, give home address below.) _____
 9. Date and Hour of Death:—Died on the 28 day of July 1887, at about 3 P. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

 (Signature and residence of Reporter.)

MEDICAL.

11. I Herely Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Typhoid Fever

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of such Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____
 Place of Burial Harriet Hall
 Date of Burial July 29 1887
 Name and Residence of Undertaker Harriet Hall

(Signature,) O'Connor M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

31,40

CERTIFICATE OF DEATH.

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) John Campbell
2. Age 2 years 10 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation Y
5. Birthplace (and State or Country.) Swiss Falls (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace John Campbell (State or Country.) _____
7. Mother's Name and Birthplace Ann Gallagher (State or Country.) _____
8. Place of Death (If an Institution state its name.) Swiss Falls (How long resident here.) _____ (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 9 day of Feb 1887, at about 5:00 a.m.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188__ to _____ 188__, that I last saw him _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH

Membranous Group
Tracheotomy performed
Oct 10 4 PM

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature,) _____ M.D.
 Place of Burial St. Mary's
 Date of Burial Oct 9 1887 Residence, _____
 Name and Residence of Undertaker _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

☞ This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 3.
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

3602

In the Town (Village) City of _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John Shea
2. Age 18 years 9 months 9 days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace James Shea (State or Country) Ireland
7. Mother's Name and Birthplace Bridget Hanigan (State or Country) Ireland
8. Place of Death (If an Institution, state its name.) _____ (How long resided here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 2 day of Oct 1887 at about 8 P. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
(Signature and residence of Reporter.) _____

11. I Herby Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written:

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
Was a post-mortem held? _____		

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____
Place of Burial St. Mary's
Date of Burial Oct 7-87
Name and Residence of Undertaker _____

(Signature.) H. J. ... M.D.
Residence, _____

† The duration of each Disease, when given, is reckoned from its commencement until death.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

29,40

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, } Years, Mos., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names) Alfred Leonard
2. Age 3 years — months — days. Sex — Color (Race, if other than the White) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution state its name.) _____ (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.

Croup with
Diphtheria

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) Samuel M. D.

Place of Burial Berlin

Date of Burial _____ Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

31.00
32.25
76.65
33.25
48.00
75.00
60.00
31.40
36.00
29.40

451.95

Sept 17 to Oct 4.

RECORD
OF
DEATHS.

BY

From Oct 6, 1887.

To Oct. 27, 1887.

Book #10
11 Deaths

Each of these Records must be Registered in the Local Register
within three days after the event to which it relates.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

2600

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mary Jane Dalton
2. Age 1 years 7 months 7 days Sex — Color (Race, if other than the White.) —
3. Single, Married, Widowed (Cross out words not required in this line.) — 4. Occupation —
5. Birthplace (and State or Country) Worcester Falls (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace Geo. Dalton (State or Country) Vt.
7. Mother's Name and Birthplace Catherine Dalton (State or Country) N.H.
8. Place of Death (If an institution, state its name.) A. F. (How long resident here.) — (If dying away from home, give home residence below.) —
9. Date and Hour of Death:—Died on the 6 day of Oct 1887, at about 1 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw her _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

CAUSE OR CAUSES OF DEATH

Cholera Infantum?

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†	

† The duration of each Disease when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit 44

(Signature) Sumner M.D.

Place of Burial —

Date of Burial Oct 7 1887

Residence, _____

(Name and Residence) of Undertaker A. F. Son

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

40

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Catherine Potter
2. Age 45 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. ~~Single~~ ~~Married~~ Widowed (Cross out words not required in this line.) 4. Occupation _____
5. Birthplace (and State or Country.) Belmont (How long in the United States, if of foreign birth.) 2 yrs.
6. Father's Name and Birthplace James Bowser (State or Country) Ireland
7. Mother's Name and Birthplace Elizabeth Little (State or Country) "
8. Place of Death (If an Institution state its name.) Brook Hall (How long resident here.) 26 (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 8 day of Oct. 1887, at about 12 M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw her _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.†
<u>Paralysis</u>		
<u>Do.</u>		
Was a post-mortem held? <u>Do.</u>		

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

No. of Burial Permit _____
 Place of Burial Maple Grove
 Date of Burial Oct 10
 Signature, McKean M.D.
 Residence, Stuy. C.
 Name and Residence of Undertaker A. H. Bond

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

6000

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not White) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John Morrison
2. Age 75 years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country.) _____
7. Mother's Name and Birthplace _____ (State or Country.) _____
8. Place of Death (If an Institution state its name.) _____ (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH.		Duration of Disease in Years, Months, Days, or Hours.*
<u>Consumption</u>		
Was a post-mortem held?		

* The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

☐ If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____

Place of Burial St. Mary's

Date of Burial Oct 27

Name and Residence of Undertaker St. John

(Signature,) M. C. Kear M. D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188__
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

CERTIFICATE OF DEATH.

- In the Town (Village) City of _____
1. Full Name of Deceased (If an Infant not named, give parents' names) John Bowers
 2. Age 34 years _____ months _____ days Sex _____ Color (Race, if other than the White) _____
 3. Single, Married, Widowed, (Cross out words not required in this line.) _____ 4. Occupation Laborer.
 5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.) 8
 6. Father's Name and Birthplace Matthew Bowers. (State or Country) Ireland
 7. Mother's Name and Birthplace Mar. Armstrong. (State or Country) _____
 8. Place of Death (If an institution state its name.) H. G. (How long res. at here.) _____ (If dying away from Home, give Home Residence below)
 9. Date and Hour of Death:—Died on the 12 day of Oct 1887, at about 6 A. M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

FAMILY.

MEDICAL.

11. I hereby Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<u>Consumption</u>	

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____

Place of Burial St. Mary's

Date of Burial Oct 14 1887

Name and Residence of Undertaker _____

(Signature,) Skinner M.D.

† The duration of each disease when given, is reckoned from its commencement until death.

5000

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of SENYCA STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

In the Town (Village) City of Brooklyn

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 9. Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 10. Date of Death _____
 11. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Martin J. Dougherty
2. Age 1 years 4 months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Martin J. Dougherty (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution state its name.) N.Y. (How long resident here.) _____ (If dying away from Home, give Home Address below.) _____
9. Date and Hour of Death:—Died on the 14 day of Oct 1887, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw h _____ 1887 that died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in	
	Years, Months, Days, or Hours.	
<u>Diphtheria</u>		
Was a post-mortem held?		

* The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1887.

(Signature) Hanna M.D.

No. of Burial Permit _____
 Place of Burial St. Mary's
 Date of Burial Oct 14
 Name and Residence of Undertaker H. J. ...

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country)
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country)
 7. Mother's Name and Birthplace _____ (State or Country)
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ *Medical Attendant.*
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

County of _____ STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 21

In the Town (Village) City of _____

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ellen Hayes
2. Age 1 years 11 months _____ days Sex F Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) L. I. (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Edwin Hayes (State or Country) Ireland
7. Mother's Name and Birthplace Maria O'Neil (State or Country) _____
8. Place of Death (If an Institution, state its name.) L. I. (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 16 day of Oct 1887, at about 7 A M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Registrar.) _____

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw her _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Murder

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this 14 day of Oct 1887.

No. of Burial Permit _____
 Place of Burial St. Mary's Cem. (Signature) Houman M.D.
 Date of Burial Oct 17 Residence, _____
 Name and Residence of Undertaker A. Hor

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of STATE OF NEW YORK.

Form 3.

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

6760

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Margaret Nolan
2. Age 56 years 10 months 17 days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation _____
5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Martin Fleming (State or Country) _____
7. Mother's Name and Birthplace Mary (State or Country) _____
8. Place of Death (If an Institution state its name.) A. H. H. (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 18 day of Oct 1887, at about 11 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herewith Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw her _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Heart Disease & Cholera
Stroke

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* Instructions.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) _____ M. D. _____

Place of Burial _____

Date of Burial _____ Residence, _____

of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

Bridget Crowley Aged 34.
Died Oct. 30/87

Diphtheria.

20.1188

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

17.40

44.50

62.60

21.00

25.00

50.00

60.00

42.00

45.00

26.00

383.50 Total from

Oct 6 - Oct 22.

22.11⁴

405.61

1887

1887

RECORD
OF
DEATHS.

BY

From Nov. 1st, 1887.

To Dec 20, 1887.

Book 11

11 Deaths
14 Deaths

Each of these Records must be Registered in the Local Register within three days after the event to which it relates.

REPORT OF DEATH.

County of

STATE OF NEW YORK.

Form 3.

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

65,116

CERTIFICATE OF DEATH.

In the Town (Village) City of

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace (State or Country) _____
Color and Race, (if not white) _____
 6. Father's Name and Birthplace (State or Country) _____
 7. Mother's Name and Birthplace (State or Country) _____
 8. Died at _____
Resident here, } Years, Min., Days. (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) James Fitzgerald
2. Age 67 years - months - days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____
4. Occupation laborer
5. Birthplace (and State or Country.) Lifford, Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Richard Fitzgerald (State or Country) Ireland
7. Mother's Name and Birthplace Ellen Ryan (State or Country) "
8. Place of Death (If an Institution, state its name.) A. I. (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the 1st day of Nov. 1887, at about 6:30 A.M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) Richard Fitzgerald

11. I hereby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw him _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Cirrhosis of the Liver

Was a post-mortem held? _____

Duration of Disease in			
Years,	Months,	Days,	or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____
 Place of Burial St. Mary's
 Date of Burial Nov 8
 Name(s) of Undertaker _____

(Signature) J. G. Danahan M.D.
 Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____ 188 _____
 11. Cause of Death _____
- Certified by _____ Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Bartam Kelly
2. Age _____ years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Michael Kelly (State or Country) Ireland
7. Mother's Name and Birthplace Agnes Kelly (State or Country) _____
8. Place of Death (If an Institution state its name.) _____ (How long resident here.) _____ (If dying away from home, give Home Address below.) _____
9. Date and Hour of Death:--Died on the 18 day of Nov. 1888, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.) _____

11. **I Hereby Certify, That I attended the deceased from _____ 1888, to _____ 1888, that I last saw him _____ 1888 that _____ died on the _____ day of _____ 1888, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:**

CAUSE OR CAUSES OF DEATH.

Pneumonia

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, septicemia, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 1888.

No. of Burial Permit _____ (Signature,) _____ M.D.

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence } of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....


Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

 This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 3.

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

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full name of } deceased }
 2. Age
 3. Single, Married or Widowed, (Cross out the words not required in this line.)
 4. Occupation
 5. Birthplace (State or Country)
Color and Race, (if not white)
 6. Father's Name and Birthplace (State or Country)
 7. Mother's Name and Birthplace (State or Country)
 8. Died at
Resident here, } Years Mon. Days. (How long in the United States, if of foreign birth.)
 9. Date of Death
 10. Reported by _____ 188
 11. Cause of Death
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Maria McDuff
2. Age 54 years _____ months _____ days Sex _____ Color (Name, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation House-keeper
5. Birthplace (and State or Country.) Lough Linnagh, Ireland (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace Patrick McGovern (State or Country) Ireland
7. Mother's Name and Birthplace Margaret Fitzsimmons (State or Country) _____
8. Place of Death (If an Institution state its name.) At Home (How long resident here.) _____ (If dying away from Home, give Home Address below)
9. Date and Hour of Death:—Died on the 15 day of Nov 1887, at about 9 A. M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

Martin Dooly

11. I hereby certify, That I attended the deceased from _____ 188, to _____ 188, that I last saw her _____ 188 that _____ died on the _____ day of _____ 188, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

CAUSE OR CAUSES OF DEATH		Duration of Disease in Years, Months, Days, or Hours.†
<u>P. Cerebral Anemia in complication with the crura of an abscess.</u>		
<u>Was a post-mortem held? <u>yes in the cavity of the abdomen</u></u>		

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "miscellaneous pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188.

No. of Burial Permit _____

Place of Burial St. Mary's Cem.

Date of Burial Nov 17 1887

Name and Residence } of Undertaker J. J. [unclear]

(Signature,) [unclear] M. D.

Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
 _____ (State or Country) _____
 7. Mother's Name and Birthplace _____
 _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mos.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 1887
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

County of STATE OF NEW YORK.

Form 3.

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

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CERTIFICATE OF DEATH.

In the Town (Village) City of *Ryan*

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Merital Ryan*
2. Age *79* years *5* months *—* days Sex *F* Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) *Lancaster N.H.* (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace *Nathaniel Ryan* (State or Country) *N.H.*
7. Mother's Name and Birthplace *Judy Birch* (State or Country) _____
8. Place of Death (If an Institution state its name.) *Lancaster Falls* (How long resident here.) _____ (If dying away from home, give home address below.) _____
9. Date and Hour of Death:—Died on the *14* day of *Nov.* 1887, at about *12* M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. **I** Herewith Certify, That I attended the deceased from _____ 1887, to _____ 1887, that I last saw him _____ 1887 that _____ died on the _____ day of _____ 1887, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

CAUSE OR CAUSES OF DEATH	Duration of Disease in Years, Months, Days, or Hours.†
<i>Occlusion of the Cerebral vessels</i>	
Was a post-mortem held? _____	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

Witness my hand this *14* day of *Nov* 1887.

No. of Burial Permit _____
 Place of Burial *Staple Falls*
 Date of Burial *Nov 14*
 Name and Residence of Undertaker _____

 _____ (Signature) _____ M.D.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased }
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____ (State or Country) _____
 7. Mother's Name and Birthplace _____ (State or Country) _____
 8. Died at _____
 Resident here, } Years Mos. Days. (How long in the United States, if of foreign birth.)
 9. Date of Death _____
 10. Reported by _____ 188_____
 11. Cause of Death _____
 Certified by _____ Medical Attendant.
 Was a post-mortem held? _____
 Buried at _____
 By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

County of..... STATE OF NEW YORK. Form 3.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 2741

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Michael Mc Gurney*
 2. Age *57* years _____ months _____ days Sex _____ Color (Race, if other than the White.) _____
 3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
 5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
 6. Father's Name and Birthplace _____ (State or Country.) _____
 7. Mother's Name and Birthplace _____ (State or Country.) _____
 8. Place of Death (If an Institution state its name.) *Boston* (How long resided here.) _____ (If dying away from home, give home address below.) _____
 9. Date and Hour of Death:—Died on the *16* day of *Nov* 188*8*, at about *11* M.
 10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 (Signature and residence of Reporter.) _____
 11. I Herely Certify, That I attended the deceased from _____ 188_____, to _____ 188_____, that I last saw h _____ 188_____ that _____ died on the _____ day of _____ 188_____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH.	Duration of Disease in Years, Months, Days, or Hours.†			
	Years	Months	Days	Hours
<i>Tuberculosis</i>				

Was a post-mortem held? _____

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 † If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188_____.
 No. of Burial Permit _____
 Place of Burial *St. Margaret's Cem* (Signature) _____ M. D. _____
 Date of Burial _____
 Name and Residence of Undertaker _____ Residence, _____

REPORT OF A DEATH.

From.....

Name of Deceased.....


Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

 This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

1. Full name of deceased } _____
 2. Age _____
 3. Single, Married or Widowed, (Cross out the words not required in this line.) _____
 4. Occupation _____
 5. Birthplace _____ (State or Country) _____
 Color and Race, (if not white) _____
 6. Father's Name and Birthplace _____
 _____ (State or Country) _____
 7. Mother's Name and Birthplace _____
 _____ (State or Country) _____
 8. Died at _____
 - Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) _____
 9. Date of Death _____
 10. Reported by _____
 _____ 188 _____
 11. Cause of Death _____
- Certified by _____
Medical Attendant.
- Was a post-mortem held? _____
- Buried at _____
- By _____

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY. MEDICAL.

County of..... STATE OF NEW YORK.

CERTIFICATE OF DEATH.

Form 2.
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

6000

In the Town (Village) City of.....

1. Full Name of Deceased (If an Infant not named, give parents' names.) _____
2. Age _____ years _____ months _____ days. Sex _____ Color (Race, if other than the White.) _____
3. Single, Married, Widowed (Cross out words not required in this line.) _____ 4. Occupation _____
5. Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
6. Father's Name and Birthplace _____ (State or Country) _____
7. Mother's Name and Birthplace _____ (State or Country) _____
8. Place of Death (If an Institution state its name.) _____ (How long resident here.) _____ (If dying away from home, give home residence below.) _____
9. Date and Hour of Death:—Died on the _____ day of _____ 188 _____, at about _____ M.
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.
 _____ (Signature and residence of Reporter.) _____

11. I Herby Certify, That I attended the deceased from _____ 188 _____, to _____ 188 _____, that I last saw h _____ 188 _____ that _____ died on the _____ day of _____ 188 _____, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Was a post-mortem held? _____

Duration of Disease in Years, Months, Days, or Hours.†

† The duration of each disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.
 [?] If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188 _____.

No. of Burial Permit _____ (Signature) _____ M. D. _____

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Per-
mit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.
REPORT OF DEATH.

County of..... STATE OF NEW YORK.

Form 2.

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

734

CERTIFICATE OF DEATH.

In the Town (Village) City of.....

- Full name of deceased } Harford Wilson
 - Age 82
 - Single, Married or Widowed, (Cross out the words not required in this line.)
 - Occupation House-keeper
 - Birthplace Brownville (State or Country) Kentucky
 Color and Race, (if not white)
 - Father's Name and Birthplace Patrick Sullivan (State or Country)
 - Mother's Name and Birthplace
 - Died at H. F.
 Resident here, }

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
 - Date of Death Dec. 28
 - Reported by _____ 188__
 - Cause of Death Consumption
- Certified by Hannan Medical Attendant.
- Was a post-mortem held? No.
- Buried at Chester, N.Y.
- By A. Low, Dec 29

The undertaker should secure the complete filling out of the first portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

FAMILY.

MEDICAL.

- Full Name of Deceased (If an Infant not named, give parents' names.) Michael Curran
- Age 81 years _____ months _____ days Sex _____ Color (Name, if other than the White.) _____
- Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation _____
- Birthplace (and State or Country.) _____ (How long in the United States, if of foreign birth.) _____
- Father's Name and Birthplace _____ (State or Country.) _____
- Mother's Name and Birthplace _____ (State or Country.) _____
- Place of Death (If an institution, state its name.) H. F. (How long resided here.) _____ (If dying away from home, give home residence below.) _____
- Date and Hour of Death:—Died on the 26 day of Dec 1887, at about _____ M.
- I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter.)

11. I Herely Certify, That I attended the deceased from _____ 188__, to _____ 188__, that I last saw h _____ 188__ that _____ died on the _____ day of _____ 188__, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of h _____ death was as hereunder written :

CAUSE OR CAUSES OF DEATH	Duration of Disease in			
	Years,	Months,	Days,	or Hours.†
<u>Consumption.</u>				
Was a post-mortem held?				

† The duration of each Disease, when given, is reckoned from its commencement until death.

* INSTRUCTIONS.—Under "cause or causes of death" insert reasons, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.

Witness my hand this _____ day of _____ 188__.

No. of Burial Permit _____ (Signature,) _____ M. D.

Place of Burial _____

Date of Burial _____ Residence, _____

Name and Residence of Undertaker _____

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

In the Town (Village) City of.....

County of.....

Name and P. O. Address of Person who gave the Permit of Burial.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 15th of the next month.

State of New York.--Bureau of Vital Statistics.

REPORT OF DEATH.

1. Full name of deceased } Reddajimo ^{15th}

2. Age 9 -

3. Single, Married or Widowed, (~~Cross out the words not required in this line.~~)

4. Occupation _____

5. Birthplace N.Y. (State or Country)

Color and Race, (if not white) _____

6. Father's Name and Birthplace Medoke

June (State or Country)

7. Mother's Name and Birthplace Alfonse

June (State or Country)

8. Died at N.Y.

Resident here, }

Years	Mo.	Days

 (How long in the United States, if of foreign birth.)

9. Date of Death 15 Dec

10. Reported by Hewitt

188

11. Cause of Death Pneumonia

Certified by Hewitt Medical Attendant.

Was a post-mortem held? No

Buried at St. Mary's

By Hewitt

Paul Coughlin stillborn
Dec. 18-87. \$5.00

^{C.F. Dr.}
Child of Smiths. Died Dec 24 buried at
Albany Dec. 26. Memphis. 1887

723.82
405.50
401.98
483.67
440.37
464.75
211.51
388.62
377.37
333.99
318.00

4564.92 Total for
year 1887.

72
5.00
15.00
61.00
72.00
60.00
37.00
132.00
42.62
35.00
16.70
65.00

\$541.32 Total from Nov 1st
Dec. 20-87

4541.32
15.00

5.00
114.50
50.00

\$723.82 Total for
Nov 1st to Jan 1st 1887

Year
1887
115 Deaths

HOOSICK
TOWNSHIP
HISTORICAL
SOCIETY

RECORD OF
DEATHS

VOL. 2
1886-1887

END