

HOOSICK  
TOWNSHIP  
HISTORICAL  
SOCIETY

RECORD OF  
DEATHS

VOL. 1  
1884-1885

START

RECORD  
OF  
DEATHS.

BY

*Louis H. Mueller*

From *Jan'y 1<sup>st</sup>*, 1884.

To *Jan'y 14*, 1884.

*No 1*

*9 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
- 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.

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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased Edward Scott Smith
2. Age 2 months 15 days Sex Male Color (Race, if other than the White)
3. Single, Married, Widowed
4. Occupation
5. Birthplace Arrick Falls
6. Father's Name and Birthplace David Smith
7. Mother's Name and Birthplace Mary
8. Place of Death Hoosick Falls
9. Date and Hour of Death:—Died on the 2 day of Jan 1884, at about 6 1/2 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.) David Smith

11. I hereby certify, That I attended the deceased from Oct 21 1883 to Dec 26 1883 that I last saw him in Dec 1883 that he died on the 2 day of Jan 1884 about 6 1/2 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	Convulsions	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 1st day of Jan 1884.

No of Burial Permit 104  
 Place of Burial St. John's Cemetery  
 Date of Burial Dec 31 1884  
 Name and Residence of Undertaker H. H. H.

(Signature) R. Ashwin M.D.  
 Residence 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.

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

## REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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

\$11.00 1/2

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.....

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.

STATE OF NEW YORK.

County of Rensselaer.

Form 3.

CERTIFICATE OF DEATH.

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

In the Town of Hoosick

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Catherine Hayes Callahan*
2. Age *44* years \_\_\_\_\_ months \_\_\_\_\_ 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)..... (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 the name.) *East Hoosick*. (How long res. here.) (If dying away from Home, give those places 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 \_\_\_\_\_ 1884, that she died on the *1* day of *July* 1884, 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 } <i>Cataract</i>	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing }	

† The duration of such Diseases, when given, is reckoned from its commencement until death.

Sanitary observations *good*

Witness my hand this *8* day of *July* 1884  
 No of Burial Permit *2*  
 Place of Burial *St. Mary Cemetery*  
 Date of Burial *July 31 84*  
 Name and Residence of Undertaker *H. J. ...*  
 (Signature) *W. E. Putnam* M.D.  
 Residence, *Annac N. Y.*

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.....

Town of Hoosick,

Rensselaer County.

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

25-00

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.

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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.

STATE OF NEW YORK.

County of Rensselaer.

## CERTIFICATE OF DEATH.

In the Town of Hoosick

1. Full Name of Deceased (If an Infant not named, give parents' names.) Francis Joseph Ragan
2. Age 4 years 4 months — days. Sex Male, 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.) Hoosick Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John Ragan Ireland (State or Country.)
7. Mother's Name and Birthplace Mary M. Murray " (State or Country.)
8. Place of Death (If an Institution, state its name.) Hoosick Falls (How long resided here.) (If dying away from Home, give those residences below.)
9. Date and Hour of Death:—Died on the 2<sup>nd</sup> day of Jan'y, 1884, 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.) John Ragan Hoosick Falls, N.Y.
11. I hereby Certify, That I attended the deceased from Dec 30, 1883, to Jan'y 2<sup>nd</sup>, 1884, that I last saw him Jan'y 2<sup>nd</sup>, 1884 that he died on the 2 day of Jan'y 1884, about 8 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 } <u>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 3 day of Jan'y, 1884

No of Burial Permit 3 (Signature,) W. B. Putman M.D.

Place of Burial St. Mary, Can.

Date of Burial Jan'y 4<sup>th</sup> Residence, H. F. W.

Name and Residence of Undertaker W. H. W. H. F.

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.....

Town of Hoodick,  
Rensselaer County.

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

11/02

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.....

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 Rensselaer.

STATE OF NEW YORK.

Form 2.

CERTIFICATE OF DEATH.

In the Town of Hoosick

1. Full Name of Deceased (If an Infant not named, give parents' names.) Wm. E. Harrington
2. Age 8 years 8 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
5. Birthplace (and State or Country.) Arlington (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace E. Wilkison (State or Country) Salun
7. Mother's Name and Birthplace Libby Hayer (State or Country) N. York City
8. Place of Death (If an Institution, state its name.) Horseshoe Falls (How long res. ident here.)        (If died away from Home, give place (outside below.)       )
9. Date and Hour of Death:—Died on the 4th day of July 1884, at about 11 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.) Edgar Wilkison

11. I hereby Certify, That I attended the deceased from Dec 9th 1883, to July 4 1884 that I last saw him Jan 9 1883 that he died on the 4 day of July 1884, about 12 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 } <u>Water on the Brain</u>	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.
	<u>6 days</u>	
Consecutive and Contributing } <u>Inflammation of Lungs</u>		
<u>&amp; Bowels</u>		

Sanitary observations good

Witness my hand this 7 day of June 1884

No. of Burial Permit 4 (Signature) A. W. Jennings M.D.  
Place of Burial Salun Bay  
Date of Burial July 7th Residence H. F.  
Name and Residence of Undertaker A. F. 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.

## REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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

1600

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

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.

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.

Form 2.

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

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased *Wm. La Clair*
2. Age *5* years *6* months *6* days. Sex *male* Color *(None, if other than the White)*
3. Single, Married, Widowed *(Cross out the 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 *Edw. La Clair* *(State or Country)*
7. Mother's Name and Birthplace *(State or Country)*
8. Place of Death *(If an Institution, state its name.)* *Homick Falls* *(How long res. there, if not here.)* *(If dying away from Home, give those places below.)*
9. Date and Hour of Death:—Died on the *6* day of *July*, 188*4*, 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.)* *Edw. La Clair*

11. I hereby certify, That I attended the deceased from *188*, to *188*, that I last saw him *188*, that he died on the *6* day of *July*, 188*4*, about *7* 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>Dropsy from Scarlet Fever.</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 *6* day of *July*, 188*4*

No. of Burial Permit *3*  
 Place of Burial *St. Mary's Cen.*  
 Date of Burial *June 15*  
 Name and Residence of Undertaker *H. J. Wilson*  
 (Signature) *J. C. Harmon* M.D.  
 Residence *H. F.*

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.....

Town of Hoosick,  
Rensselaer County.

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

19-61

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.

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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.

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 Rensselaer.

STATE OF NEW YORK.

Form 1.

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

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Decedent (If no infant not named, give parents' names.) May Carr
2. Age 6 years 0 months 0 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.) New York State (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace John Carr (State or Country.) \_\_\_\_\_
7. Mother's Name and Birthplace Margaret Carr (State or Country.) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) H. T. (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 July 1884, 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.) John Carr

11. **I Hereby Certify, That I attended the deceased from Dec 9 1883 to Jan 2 1884 that I last saw ~~her~~ her on July 5 1884, that she died on the 7 day of July 1884, about 9 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>Scarlatina</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 not good

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 1884.

No of Burial Permit 6  
 Place of Burial St Mary Cem.  
 Date of Burial July 8 1884  
Name and Residence of Undertaker H. T.

(Signature.) R. Ashton M.D.  
 Residence, H. T.

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.....

Town of Hoodick,  
Rensselaer County.

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

*515*

*REPORT OF A DEATH*  
*Mr. Brown*  
*123 Main St*  
*Hoodick*  
*Rensselaer Co*

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.

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*4*

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

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

## REPORT OF DEATH

1. Full name of deceased } *Mike Driscoll*
2. Age... *28 y 12 4 mths*
3. ~~Single~~, Married ~~or~~ Widowed, (Cross out the words not required in this line.)
4. Occupation... *Moulder*
5. Birthplace... *Ireland* (State or Country) *—*

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

6. Father's Name and Birthplace... *James Driscoll* (State or Country) *Ireland*
7. Mother's Name and Birthplace... *Edna Driscoll* (State or Country) *Ireland*

8. Died at... *3:30 Am*

Resident here } 

Years	Months	Days

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

9. Date of Death... *13 Jan 1884*

10. Reported by... *Wm R. Kelly*

*Jan 14* 188*4*

11. Chief cause of Death... *Consumption*

Certified by... *J. C. Hoffman*

*Medical Attendant.*

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

By... *H. S. Lora*

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  
IN SENATE  
January 10, 1900

~~45.00~~  
63.00

7



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

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 Rensselaer.

STATE OF NEW YORK.

Form 1.

CERTIFICATE OF DEATH.

In the Town of Hoosick

1. Full Name of Deceased *Mary Ellen Donahue*
2. Age *3* years *—* months *—* days. Sex *Female* Color *(Race, if other than the White)*
3. Single, Married, Widowed *(Cross out words not recorded in this line.)* 4. Occupation
5. Birthplace *Hoosick Falls, N.Y.* *(How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Pat. Donahue* *(State or Country) Ireland*
7. Mother's Name and Birthplace *Mary Donahue* *(State or Country) England*
8. Place of Death *Hoosick Falls* *(How long res. here.)* *(If died away from Home, give those places below.)*
9. Date and Hour of Death:—Died on the *17* day of *Jan'y* 188*4*, at about *—* 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. Donahue.*

11. I hereby certify, That I attended the deceased from *Jan'y 13, 1884* to *Jan'y 16, 1884* that I last saw her *Jan'y 14, 1884* that she died on the *17* day of *Jan'y* 188*4*, about *10 o'clock A.M.*, and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

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

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

Sanitary observations

Witness my hand this *17* day of *Jan'y* 188*4*

No of Burial Permit *—* Place of Burial *St. Mary Cem.* Date of Burial *Jan'y 18* of Undertaker *A. J. Brown*

(Signature,) *L. Ashton* M.D. Residence, *Hoosick Falls*

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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

12/11/81

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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 *James Walton*
2. Age *One year*
3. Single, ~~Married~~ or Widowed, (Cross out the words not required in this case.)
4. Occupation.....
5. Birthplace *H. I.* (State or Country) *Rensselaer*
- Color and Race, (if not white).....
6. Father's Name and Birthplace *Mike Walton* (State or Country) *Rensselaer*
7. Mother's Name and Birthplace *Anna May Walton* (State or Country).....
8. Died at *9. am*
- Resident here } 

Years	Mon.	Days
1	-	-

(How long in the United States, if of foreign birth.)
9. Date of Death *Jan'y 14*
10. Reported by *Mike Walton*  
*Jan'y 14* 188*4*
11. Chief cause of Death *Sub Acute - Hydrocephalus*
- Certified by *H. Hamon* Medical Attendant.
- Buried at *St. Mary's*
- 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.

THE UNIVERSITY OF CHICAGO  
LIBRARY

2  
195



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

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

## REPORT OF DEATH

1. Full name of deceased } *Gertrude Wallon*

2. Age..... *four yrs. 2 mos.*

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

4. Occupation.....

5. Birthplace..... *A. I.* (State or Country) *R. Co.*

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

6. Father's Name and Birthplace..... *Michael Wallon* (State or Country) *Ireland*

7. Mother's Name and Birthplace..... *Anna Shay Wallon* (State or Country) *Ireland*

8. Died at.....

Resident here } 

Years	Mon.	Days
<i>1</i>	<i>2</i>	

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

9. Date of Death..... *July 11 1884*

10. Reported by..... *John Wallon*  
*July 13 1884*

11. Chief cause of Death..... *Tuberculosis Meningitis*

Certified by..... *J. C. Stannon*  
*Medical Attendant.*

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

By..... *H. Lambertson*

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.

~~\$~~ 11.00

25.00

11.00

16.00

19.50

15.00

18.00

14.00

~~15.00~~ 63.00

~~\$~~ ~~194.50~~ \$181.50

Total from Jan'y 1<sup>st</sup>  
to Jan'y 18<sup>th</sup>

9

~~\$~~ 13





1884

---

RECORD  
OF  
DEATHS.

BY

*Louis Hamer*

From *Jan 15*, 1884.

To *July 11*, 1884.

*W L*

*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 } *Jimmie Ryan*
2. Age... *10 years*
3. Single, ~~Married~~ or Widowed, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace, *A. I.* (State or Country) *Russell*
- Color and Race, (if not white).....
6. Father's Name and Birthplace *Matthew Ryan* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Bridget Ryan* (State or Country) *Ireland*
8. Died at *4-20 P. M. Jan'y 15-84*
- Resident here } 

Years	Mon.	Days
<i>10</i>		

 (How long in the United States, if of foreign birth.)
9. Date of Death... *Jan'y 15-*
10. Reported by *Matthew Ryan*  
*Jan'y 16* 188*4*
11. Chief cause of Death... *Cynanche*  
*enterica*
- Certified by *H. A. Don* Medical Attendant.
- Buried at *St. Mary's*
- By *H. A. Don*

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.



~~Profs.~~

\$32.00

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

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

## REPORT OF DEATH

1. Full name of deceased } *Geo. E. Cady*
2. Age..... *5 mos. 10 days*
3. Single, ~~Married or Widowed~~, (Cross out the words not required in this line.)
4. Occupation.....
5. Birthplace.. *Beth City* (State or Country.) *Maine*
- Color and Race, (if not white).....
6. Father's Name and Birthplace.. *Geo. Cady*  
*No. Adams* (State or Country.) *Mass.*
7. Mother's Name and Birthplace.. *Emma Cady*  
*Cambridge* (State or Country.) *Mass.*
8. Died at.. *Arrowick Falls*
- Resident here } 

Years	Mon.	Days

 (How long in the United States, if of foreign birth.)
9. Date of Death.. *Jan'y. 18 1884*
10. Reported by..... *Geo. Cady*  
*Jan'y 18 1884*
11. Chief cause of Death.. *Cyanide-  
Tracheitis*
- Certified by.....
- Buried at..... *Grave Co* Medical Attendant.
- By..... *A. J. Sew*

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.

THE UNIVERSITY OF CHICAGO  
LIBRARY

2,160.00



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

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

## REPORT OF DEATH

1. Full name of deceased } *McKenty*  
*Bathorne*

2. Age..... *83 yrs.*

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

4. Occupation.....

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

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

6. Father's Name and Birthplace..... *Not*

..... *Known* (State or Country)

7. Mother's Name and Birthplace..... *Not*

..... *Known* (State or Country)

8. Died at..... *Pownal VT*

Resident here } 

Years	Mon.	Days
<i>73</i>		

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

9. Date of Death..... *Jan'y 22 at 8 AM*

10. Reported by..... *Geo. McKenty*

..... *Jan'y 23 1887*

11. Chief cause of Death..... *Epilepsy from*

..... *poison*

Certified by..... *C. J. Fletcher*

*Medical Attendant.*

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

By..... *Samuel S. Lee*

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.

3710 Center  
1000 Street

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

REPORT OF DEATH

1. Full name of deceased Eliza Galvin  
 2. Age 2 yrs.  
 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 John Galvin (State or Country) Ireland  
 7. Mother's Name and Birthplace Bridget Galvin (State or Country) Ireland  
 8. Died at 6-30 A.M. Jan 24  
 Resident here } 20 (How long in the United States, if of foreign birth.)  
 9. Date of Death Jan 24  
 10. Reported by John Galvin  
Jan 24 1884  
 11. Chief cause of Death Scarlet Fever  
 Certified by Hannon Medical Attendant  
 Buried at St Mary  
 By H. F.

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 Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) Eliza Galvin  
 2. Age 2 years — months — 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.) Hoosick Falls (How long in the United States, if of foreign birth.)  
 6. Father's Name and Birthplace John Galvin (State or Country) Ireland  
 7. Mother's Name and Birthplace Bridget Galvin (State or Country)  
 8. Place of Death (If an Institution, state its name.) Hoosick Falls (How long res. spent here.) (If dying away from Home, give Home address below.)  
 9. Date and Hour of Death:—Died on the 24 day of Jan 1884, 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 Registrar.) John Galvin

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 } Scarlet Fever  
 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 Poor.

Witness my hand this 24 day of Jan 1884

No of Burial Permit  
 Place of Burial St Mary Ch.  
 Date of Burial Jan 24 - 84  
 Name and Residence of Undertaker H. F.

(Signature,) J. C. Hannon M.D.  
 Residence, H. F.

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.....

Town of Hoosick,  
Rensselaer County.

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

1891  
11/1

**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.....

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.

STATE OF NEW YORK.

County of Rensselaer.

## CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased (If an Indian not named, give parents' names.) Geo. Walter A. Rodgers
2. Age 90 years \_\_\_\_\_ months \_\_\_\_\_ days. Sex male 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 (State or Country.)
7. Mother's Name and Birthplace (State or Country.)
8. Place of Death (If an Institution, state its name.) Potter Hill (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 Jan 1884, 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.) Geo. E. Clark
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>Inflammation of the Lung's</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 Jan 1884.  
 (Signature,) Dr. H. Van Wert M.D.  
 Residence, Potter Hill

No of Burial Permit \_\_\_\_\_  
 Place of Burial Hoosac  
 Date of Burial Jan 26-84  
 Name and Residence of Undertaker Hausler & 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.....

Town of Hoosick,  
Rensselaer County.

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

1870  
9 Feb

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

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.

STATE OF NEW YORK.

County of Rensselaer.

## CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ellen Herlihy
2. Age 1 years 9 months — days. Sex Female 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.) Hoosick Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Tom. Herlihy (State or Country) Ireland
7. Mother's Name and Birthplace J. Shang " " (State or Country) " "
8. Place of Death (If an Institution, state its name.) H. F. (How long res-ident here.) (If dying away from Home, give last residence below.)
9. Date and Hour of Death:—Died on the 27 day of Jan 1884, at about 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 real name of Reporter.) J. Tom Herlihy
11. I Herely Certify, That I attended the deceased from 1884 to 1884, that I last saw her Jan 18 1884 that she died on the 27 day of Jan 1884 about 2 o'clock A.M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

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

Sanitary observations \_\_\_\_\_

Witness my hand this 28 day of Jan 1884 (Signature) J. C. Hanson M.D.  
 Residence, H. F.

No of Burial Permit \_\_\_\_\_  
 Place of Burial St. Marys Cem.  
 Date of Burial Jan 28  
 Name and Residence of Undertaker Hanselton

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

## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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

*P. G. 114*

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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
- 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. 512, Laws of 1880.

County of *Rensselaer.*

STATE OF NEW YORK.

Form 2.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased *Mr. J. Robbins*
2. Age *4* 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
5. Birthplace *Hoosick Falls* *(How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Vergennes Vt.* *(State or Country.)*
7. Mother's Name and Birthplace *Benjamin* *(State or Country.)* *Canada*
8. Place of Death *H. F.* *(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 *Jan'y* 188*7*, 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.)* *John Robbins*

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>Unknown</i> Consecutive and } <i>—</i> Contributing } <i>—</i>	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 *28* day of *Jan'y* 188*7*

No. of Burial Permit *—* (Signature) *J. C. Hammen M.D.*  
 Place of Burial *St Marys*  
 Date of Burial *Jan'y 29* Residence, *H. O.*  
 Name and Residence of Undertaker *H. F. —*

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.....

Town of Hoosick,  
Rensselaer County.

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

12/15/1

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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.....  
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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

Form 1.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

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 Registrar.)

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 } .....	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..... (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.....

Town of Hoodick,  
Rensselaer County.

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

2202

**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, (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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

Form 2.

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

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) Kate A. Doyle
2. Age 26 years 8 months — days. Sex Female Color (Race, if other than the White)
3. Single, ~~Married~~, ~~Widowed~~ (Cross out words not required in this line.) 4. Occupation Shoemaker
5. Birthplace (and State or Country.) Newbury Mass. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Philip Doyle (State or Country) Ireland
7. Mother's Name and Birthplace Abby (State or Country) "
8. Place of Death (If an Institution, state its name.) Hoosick Falls. (How long resided here.) (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 30 day of Jan 1884, 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 Doyle Hoosick Falls

11. I hereby Certify, That I attended the deceased from Dec 10 1883 to Jan 3 1884, that I last saw her Jan 29 1884 that she died on the 30 day of Jan 1884, about 12 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>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 31 day of Jan 1884

No of Burial Permit \_\_\_\_\_

Place of Burial St. Marys

Date of Burial Feb 2 1884

Name and Residence of Undertaker Hausserth

(Signature,) W. B. Putman M.D.

Residence, Hoosick Falls

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.....

Town of Hoodick,  
Rensselaer County.

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

47.00

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 \_\_\_\_\_  
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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

1. Full Name of Deceased *Dennis Higgins*
2. Age *45* years *6* months *—* days. Sex *male*. Color *(Race, if other than the White)*
3. Single, Married, Widowed *(Cross out words not required in this case)* 4. Occupation \_\_\_\_\_
5. Birthplace *Ireland* (How long in the United States, if of foreign birth.) *12 yrs.*
6. Father's Name and Birthplace *Jos. Higgins* (State or Country.) *Ireland*
7. Mother's Name and Birthplace *Mary Higgins* (State or Country.) \_\_\_\_\_
8. Place of Death *Hoosick Falls* (How long res. (State or Country.) *10 yrs.* (If dying away from Home, give final residence below.)
9. Date and Hour of Death:—Died on the *11* day of *July*, 188*4*, 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.) *Eugene Sullivan Cambridge*

11. I hereby Certify, That I attended the deceased from *Oct 24 1883* to *July 9 1884*, that I last saw him *July 9 1884*, that he died on the *11* day of *July*, 188*4*, about *1 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>Consumption</i> Consecutive and } _____ Contributing } _____	Duration of Disease in Years, Months, Days, or Hours.
	<i>3 yrs.</i>
	* The duration of each Disease, when given, is reckoned from its commencement until death.

Sanitary observations \_\_\_\_\_

Witness my hand this *11* day of *July*, 188*4*

No of Burial Permit \_\_\_\_\_ (Signature,) *S. Ahtow* M.D.  
 Place of Burial *St. Mary's Cem.*  
 Date of Burial *July 17 84*  
 Residence, *Hoosick Falls N.Y.*  
 Name and Residence of Undertaker *Hamilton*

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.....

Town of Hoodick,  
Rensselaer County.

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

32.00  
16.00  
6.50  
15.00  
3.00  
16.00  
14.00  
22.00  
47.00  
2.00

272.00  
Itab. Jm  
Brok M. L.  
L.H.

2000

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.

RECORD  
OF  
DEATHS.

BY

*Louis M. Hunter.*

from *July 13*, 1884.

To *July 26*, 1884.

*No 3-*

*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
  - 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
- Certified by \_\_\_\_\_  
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.

Form 3.

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

63.00

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) Patrick Hayden
2. Age 59 years 10 months 25 days Sex male 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 Michael Hayden (State or Country) Ireland
7. Mother's Name and Birthplace Maggie (State or Country) "
8. Place of Death (If an Institution, state its name.) Adirick Falls, N.Y. (How long resident here.) (If dying away from Home, give its location below.)
9. Date and Hour of Death:—Died on the 12 day of July 1889, 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.) Patrick Hayden

11. I hereby Certify, That I attended the deceased from July 8 1889, to July 12 1889, that I last saw him July 12 1889 that he died on the 12 day of July 1889, about 11 o'clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } Pneumonia	Consecutive and Contributing }	Duration of Disease in Years, Months, Days, or Hours.†
		7

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

Sanitary observations Good

Witness my hand this 12 day of July 1889

No of Burial Permit 24 (Signature,) H. C. McLean M.D.  
 Place of Burial St. Mary's Church  
 Date of Burial July 14 89  
 Residence, Hoosick Falls N.Y.  
 Name and Residence of Undertaker Hamilton

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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..... 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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

Form 3.

CERTIFICATE OF DEATH.

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

40.00

In the Town of Hoosick

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Mary Eliza Linn*
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.) *Bennington 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 *July* 188*4*, 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 Seal of Justice of Reporters.)

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 } <i>Hypertrophy of the Heart.</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 *13* day of *July* 188*4*

No. of Burial Permit..... (Signature,) *Ed. M. Morgan M.D.*  
 Place of Burial *St. Mary's Cem. N.Y.*  
 Date of Burial *July 14 1884* Residence, *Bennington N.Y.*  
 Name and Residence of Undertaker *H. J. Linn N.Y.*

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,

Rensselaer County.

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
- 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.

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.

Form 2.

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

43,00

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased *Santer Peterburg*
2. Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. Sex *male* Color *(Race, if other than the White)*
3. Single, Married, Widowed *(Cross out the 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.)* *W. Peterburg* *(How long resided here.)* \_\_\_\_\_ *(If dying away from home, give your 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 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>Consumption</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 \_\_\_\_\_ day of \_\_\_\_\_ 188\_\_\_\_.

No. of Burial Permit \_\_\_\_\_  
 Place of Burial *St. Mary's Cen. H. 7* (Signature) *N. Putman* M.D.  
 Date of Burial *July 16-89*  
 Name and Residence of Undertaker *H. B. H. 7* Residence, *Hoosac*

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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

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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 \_\_\_\_\_  
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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

Form 3.  
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.  
9556

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.) *Wm. Lewis Breese's Mother* (How long in the United States, if of foreign birth.)
  6. Father's Name and Birthplace *Newark VT* (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 floor 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 }  Consecutive and Contributing }	<i>Shipped by Express.</i>		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 \_\_\_\_\_

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.....

Town of Hoodick,  
Rensselaer County.

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 \_\_\_\_\_  
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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

Form 3.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

25.72

1. Full Name of Deceased (If an Infant not named, give parents' names.) Dealot-Villima
2. Age 31 years 4 months 15 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.) Canada (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 16<sup>th</sup> day of July, 1884, 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:

	Duration of Disease in			
	Years,	Months,	Days,	or Hours.*
Chief and Determining				
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 \_\_\_\_\_  
Place of Burial \_\_\_\_\_  
Date of Burial \_\_\_\_\_  
Name and Residence of Undertaker \_\_\_\_\_

(Signature,) J. C. Shaw, 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.....

Town of Hoodick,  
Rensselaer County.

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.....

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 Rensselaer.

STATE OF NEW YORK.

Form 1.

CERTIFICATE OF DEATH.

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

27.0

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names) *John Lyons*
2. Age \_\_\_\_\_ 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 *Farmer*
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	Dropsy	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 \_\_\_\_\_  
 Place of Burial *St Marys Cem*  
 Date of Burial *July 23*  
 of Undertaker *J. J. ...*

(Signature) *A. ...* 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.....

Town of Hoodick,  
Rensselaer County.

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
- 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.

STATE OF NEW YORK.

Form 3.

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

1600

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased *Priscilla Swart*
2. Age *9* years *—* months *—* days. Sex *Female* Color *(None, 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.)* *(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 *July* day of *24* 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 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 } <i>Softening of the Brain</i> Consecutive and } <i>—</i> Contributing } <i>—</i>	Duration of Disease in Years, Months, Days, or Hours. _____ _____ _____	* The duration of such Diseases, when given, is reckoned from the commencement until death.
	_____ _____	
	_____ _____	

Sanitary observations *—*

Witness my hand this *25* day of *July* 188*7*

No. of Burial Permit *—*  
 Place of Burial *St. Mary's Church*  
 Date of Burial *July 25 1887*  
 Name and Residence of Undertaker *—*

*(Signature.)* *J. L. Harmon* 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.....

Town of Hoodick,  
Rensselaer County.

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 1880.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

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

In the Town of Hoosick,

1. Full Name of Deceased *Alfred Moritte*
2. Age *7* years *1* months *4* days. Sex *Male*. Color *(Race, if other than the White)*
3. Single, Married, Widowed *(Strike out words not required in this line.)* + Occupation
5. Birthplace *Hopkuck Falls* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Jacques Moritte* (State or Country) *PA*
7. Mother's Name and Birthplace *Mary Moritte* (State or Country) *PA*
8. Place of Death *Hopkuck Falls* (If an Institution, state its name.) (How long was absent here.) (If dying away from Home, give how distant below.)
9. Date and Hour of Death:—Died on the *24* day of *July* 188*7*, at about *6.45* 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.) *Jacques Moritte, A.P.*

11. I hereby Certify, That I attended the deceased from *20th July 1887*, to *24th July 1887*, that I last saw him *the 20th July 1887*, that he died on the *24th* day of *July* 188*7*, about *6.45* clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <i>Congestion of the 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 *good*

Witness my hand this *25th* day of *July* 188*7*

No. of Burial Permit \_\_\_\_\_ (Signature,) *A. W. Junney* M.D.  
 Place of Burial *St. Mary's*  
 Date of Burial *July 25th 1887* Residence, *St. J.*  
 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.

## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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 if 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 Rensselaer.

STATE OF NEW YORK.

Form 1.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

95

1. Full Name of Deceased *Catherine Carr*
2. Age *Sixty two* years *—* months *—* days. Sex *Female* color *(Race, if other than the White)*
3. Single, Married, Widowed *(Cross out the words not applicable to this case)* Occupation *—*
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* *(State or Country.)* *Ireland*
7. Mother's Name and Birthplace *Ann Linn* *(State or Country.)*
8. Place of Death *(If an Institution, state its name.)* *Hoosick Falls.* *(How long resident here.)* *(If dying away from Home, give your residence below.)*
9. Date and Hour of Death:—Died on the *25* day of *July* 188*4*, 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.) *Ellen Carr A. J.*

11. I hereby Certify, That I attended the deceased from *July 15 1884*, to *July 25 1884*, that I last saw her *July 15 1884* that she died on the *25* day of *July* 188*4*, about *9 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 } <i>Pneumonia Pulmonia</i> <i>Acute</i> 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.

Sanitary observations

Witness my hand this *25* day of *July* 188*4*

No. of Burial Permit *—*  
 Place of Burial *St. Mary's*  
 Date of Burial *July 27 1884*  
 Name and Residence of Undertaker *A. J. Smith* Residence *Hoosick Falls*

M.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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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 1890.

In the Town of Hoosick,

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

2. Age 90.00 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.) \_\_\_\_\_ (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 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:

Chief and Determining } <u>Pneumonia</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 Friday day of July 188 4.

No. of Burial Permit \_\_\_\_\_

Place of Burial St. Mary's Am. (Signature) Willis M.D.

Date of Burial July 18-84

Name and Residence of Undertaker H. L. Lusk & Son, Pittsford Residence, Johnstonville

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.....

Town of Hoodick,  
Rensselaer County.

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

6.30

4.00

45.00

35.00

25.00

27.00

16.00

8.00

45.00

45.00

347.00

Total from Feby 3  
L Feby, 26

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.

RECORD  
OF  
DEATHS.

BY

Louis M. Hauser

From Feb 26, 1884.

To March 25, 1884.

No. 4

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, (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.....  
*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 Rensselaer.

STATE OF NEW YORK.

Form 3.

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

3570

CERTIFICATE OF DEATH,

In the Village of Hoosick Falls.

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.) *Thos Dyson*
2. Age *60* 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 *Blacksmith*
5. Birthplace (and State or Country.) .....
6. Father's Name and Birthplace .....
7. Mother's Name and Birthplace .....
8. Place of Death (If an Institution, state its name.) *Marling Bridge A.* (How long in this place?) .....
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 :

<p>Chief and Determining } <i>Expense</i></p> <p>Consecutive and Contributing } _____</p>	<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> </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> </tbody> </table>	Duration of Disease in				Years,	Months,	Days,	or Hours.*												
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. Mary's Cem.*  
 Date of Burial *July 7, 188—* 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.....

Village of Hoosick Falls,

Rensselaer County.

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 Rensselaer.

STATE OF NEW YORK.

Form 3.

CERTIFICATE OF DEATH,

In the Village of Hoosick Falls.

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

25. 10

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.) *Mr Hayes.*
2. Age *87* years \_\_\_\_\_ months \_\_\_\_\_ 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.) \_\_\_\_\_ (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.) *Middletown* \_\_\_\_\_ (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.)

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

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 :

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

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

Sanitary observations.....

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

(Signature) *J. C. Harmon* M.D.

Residence, *H. I.*

No. of Burial Permit.....

Place of Burial *St Mary's*

Date of Burial *Nov 27 1881*

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.....

Village of Hoosick Falls,

Rensselaer County.

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.....
- 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 Rensselaer.

STATE OF NEW YORK.

Form 2.

CERTIFICATE OF DEATH,

In the Village of Hoosick Falls.

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

1017

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.) Edw. H. Clark.
2. Age 5 years 2 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.....
5. Birthplace (and State or Country.) Berlin Renss. Co. N.Y. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Chas. C. Clark (State or Country) Sch. Co. N.Y.
7. Mother's Name and Birthplace Lucy H. Clark (State or Country) Renss. Co. N.Y.
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 4 day of Mar. 1888 at about 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.)

Edw. H. Clark

11. I hereby Certify, That I attended the deceased from Mar 3 1888 to Mar 3 1888 that I last saw him Mar 3 1888 that he died on the 4 day of Mar. 1888 about 2 o'clock A. M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

Chief and Determining } <u>Inflammation of the Bowels</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 4 day of Mar. 1888

(Signature) J. C. Shaw M.D.  
 Residence, H. V.

No. of Burial Permit.....  
 Place of Burial Profr. Grav. Cem.  
 Date of Burial March 5-88  
 Name and Residence of Undertaker H. V.

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.

2776

## REPORT OF A DEATH.

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---

From.....

Name of Deceased.....

Date of Death.....

Village of Hoosick Falls,

Rensselaer County.

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

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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.

County of Rensselaer.

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,

2000

In the Village of Hoosick Falls.

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.)
2. Age 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.) (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.)

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

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 } Spinal Meningitis	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) \_\_\_\_\_ M.D.  
 Place of Burial Maple Grove Cem  
 Date of Burial March 10 - 89 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.....

Village of Hoosick Falls,

Rensselaer County.

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 Rensselaer.

STATE OF NEW YORK.

Form 2.

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

257

CERTIFICATE OF DEATH,

In the Village of Hoosick Falls.

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) .....
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.) *Child Pilsen* (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 seal of doctor of Registrar.)

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 } <i>Diphtheria</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..... (Signature)..... M.D.  
 Place of Burial *St Mary's*  
 Date of Burial *March 19 84* Residence,.....  
 Name and Residence of Undertaker *H. H. Lou*

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.....

Village of Hoosick Falls,

Rensselaer County.

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.....  
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 Rensselaer.

STATE OF NEW YORK.

Form 3.

CERTIFICATE OF DEATH,

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

200

In the Village of Hoosick Falls.

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).....
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 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:

<p>Chief and Determining } .....</p> <p>Consecutive and Contributing } .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Duration of Disease in Years, Months, Days, or Hours.†</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Duration of Disease in Years, Months, Days, or Hours.†				
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 Permits.....  
Place of Burial.....  
Date of Burial.....  
Name and Residence of Undertaker.....

(Signature)..... 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.....

Village of Hoosick Falls,

Rensselaer County.

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.



"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..... 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 Rensselaer.

STATE OF NEW YORK.

Form 3.

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

6700

CERTIFICATE OF DEATH,

In the Village of Hoosick Falls.

1. Full Name of Deceased (If an Infant not named, give parents' names.) John A. Leonard.
2. Age 23 years 9 months 13 days. Sex male Color (Race, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this line.) .....
4. Occupation Stone Mason
5. Birthplace (and State or Country) Hoosick Falls (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace John Leonard (State or Country) Ireland
7. Mother's Name and Birthplace Catherine Shay Leonard (State or Country) "
8. Place of Death (If an Institution, state its name.) Hoosick Falls N.Y. (How long res. absent here.) .....
9. Date and Hour of Death:—Died on the 11 day of March 1884, at about 6 1/4 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 Leonard

11. I hereby Certify, That I attended the deceased from March 9, 1884 to March 10, 1884, that I last saw him Mar. 10, 1884 that he died on the 11 day of March 1884, about 6 1/4 o'clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

		Duration of Disease In			
		Years,	Months,	Days,	or Hours.
Chief and Determining	<u>Congestion of Brain.</u>	---	---	<u>3</u>	---
Consecutive and Contributing	<u>Heart Disease</u>	---	---	---	---

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

Sanitary observations good.

Witness my hand this 12 day of March 1884

No. of Burial Permit .....

Place of Burial St. Mary's Cem. (Signature) L. H. Putman M.D.

Date of Burial March 13-84 Residence, Hoosick Falls.

Name and Residence of Undertaker Hawley & 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.....

Village of Hoosick Falls,

Rensselaer County.

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.....
- 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 Rensselaer.

STATE OF NEW YORK.

Form 3.

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

13,06

CERTIFICATE OF DEATH,

In the Village of Hoosick Falls.

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.) Mattie Seward
2. Age 1 year 3 months \_\_\_\_\_ 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.) Hoosick Falls, Rensselaer Co. (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace James Seward (State or Country) Ireland
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 your 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.)

Certified by the Physician and according to Sect. 1, Chap. 512, 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 :

<p>Chief and Determining } <u>Malaria on the Brain</u></p> <p>Consecutive and Contributing } _____</p>	<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>Hours.</th> </tr> </thead> <tbody> <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> </tbody> </table>	Duration of Disease in				Years	Months	Days	Hours.												
Duration of Disease in																					
Years	Months	Days	Hours.																		

\* The duration of such Diseases, when given, is reckoned from its commencement until death.

Sanitary observations \_\_\_\_\_

Witness my hand this Monday of 16<sup>th</sup> June 1884

No. of Burial Permit \_\_\_\_\_ (Signature.) J. S. Shannon M.D.  
 Place of Burial St. Mary's Cem.  
 Date of Burial \_\_\_\_\_ Residence, Hoosick Falls  
 Name and Residence of Undertaker Hausser & Son, 2<sup>nd</sup> St.

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.....

Village of Hoosick Falls,

Rensselaer County.

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.

"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..... 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 Rensselaer.

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,

200

In the Village of Hoosick Falls.

1. Full Name of Deceased (If an Infant not named, give parents' names.) *Ann Bratt Curtis*
2. Age *46* years — months — days. Sex *Female* Color (Race, if other than the White.) *African*
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation *Housekeeper*
5. Birthplace (and State or Country.) *Harick N.Y.* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Jas. Bratt* (State or Country) *N.Y.*
7. Mother's Name and Birthplace *Agnes Van Buren Curtis* (State or Country) *Mich. Co. N.Y.*
8. Place of Death (If an Institution, state its name.) *Harick Falls* (How long resided here.) *46* (If dying away from home, give home address below)
9. Date and Hour of Death:—Died on the *17* day of *March* 188*4*, at about *11 1/2* 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. H. McLean*

11. I hereby certify, That I attended the deceased from *Feb 25 1884*, to *March 17 1884*, that I last saw her *March 17 1884* that she died on the *17* day of *March* 188*4* about *11 1/2* 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 } <i>Pleura Pneumonia</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>Heart Disease</i>		
	Consecutive and Contributing } <i> Dropsy</i>		

Sanitary observations *Fair*

Witness my hand this *19* day of *March* 188*4* *H. H. McLean M.D.* (Signature.)

No. of Burial Permit  
Place of Burial *Maple Grove Cem*  
Date of Burial *March 19 1884*  
Name and Residence of Undertaker *H. H. McLean*

Residence, *H. H. McLean*

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.....

Village of Hoosick Falls,

Rensselaer County.

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.



"Stub" or "Counterfeit" 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.....
- 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 Rensselaer.

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 Village of Hoosick Falls.

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.)
2. Age 4 years months 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.) (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 Mrs Ryan's Child (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:

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.



## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Village of Hoosick Falls,

Rensselaer County.

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

Total from July 26<sup>th</sup>  
March 27<sup>th</sup> -  
\$234.00

---

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.

RECORD  
OF  
DEATHS.

*Record  
Record*

BY

*Louis W. Hansen*

from *March 26*, 188*7*.

To *Apr 12*, 188*7*.

*No 8*

*9 deaths*

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

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

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

93.00

REPORT OF DEATH

1. Full name of deceased } *Mary Mahony*

2. Age..... *75 yrs*

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

4. Occupation... *None*

5. Birthplace... *Co. Kerry* (State or Country) *Ireland*

Color and Race, (if not white)

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

*Ireland* (State or Country)

7. Mother's Name and Birthplace... *Don't*

*Known* (State or Country)

8. Died at... *Horsick Falls*

Resident here } 

Years	Mos.	Days
<i>2</i>		

 (How long in the United States, if of foreign birth.) *11 yrs*

9. Date of Death... *March 23-89*

10. Reported by... *John Mahony*

*March 23, 1889*

11. Chief cause of Death... *Stiffness*

*in the Heart*

Certified by.....

Buried at... *St Mary's* Medical Attendant.

By... *J. 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
  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.

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.

1. Full Name of Deceased
2. Age 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
9. Date and Hour of Death
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

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 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 .

(Signature,) *Hanning* M.D.

Place of Burial *Shrader's grave*

Date of Burial \_\_\_\_\_ Residence, *H. F.*

Name and Residence of Undertaker *H. F.*

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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

9100

## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,

Rensselaer County.

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

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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

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.

1. Full Name of Deceased
2. Age
3. Single, Married, Widowed
4. Occupation
5. Birthplace
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Place of Death
9. Date and Hour of Death
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

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 Years, Months, Days, or Hours.	

Sanitary observations  
Witness my hand this day of 188.

No of Burial Permit  
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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

2500

John Hurley's Child



## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,

Rensselaer County.

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. 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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

700

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

1. Full Name of Deceased
2. Age \_\_\_\_\_ 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
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.)

Certified by the Physician and according to Sect. 1, Chap. 512, 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 }	_____	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Illness, 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 \_\_\_\_\_ (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.....

Town of Hoodick,  
Rensselaer County.

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

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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 \_\_\_\_\_  
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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

CERTIFICATE OF DEATH.

No. of corresponding Entry in Register Book of Death to be inscribed here by the Registrar.

Form 3.

45.01

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) Luke Murphy
2. Age 17 years 6 months — days. Sex male 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.) Pittsfield Mass. (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 Catherine Mallock Murphy (State or Country.) "
8. Place of Death (If an Institution, state its name.) Hoosick Falls Plun Co. (How long resided here.) 2 yrs. (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 6 day of Apr 1884, 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.)

11. I hereby Certify, That I attended the deceased from Apr 2<sup>nd</sup> 1884 to Apr 6 1884 that I last saw him Apr 6<sup>th</sup> 1884 that he died on the 6 day of Apr 1884, about 10 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	<u>Basilar 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.
		<u>—</u>	<u>4</u>	
Consecutive and Contributing	<u>Acute</u> <u>There are obscure cases could get no history of the case</u>			

Sanitary observations good.

Witness my hand this 8 day of Apr 1884

No of Burial Permit \_\_\_\_\_ (Signature) J. C. Harmon M.D.  
Place of Burial St Mary Cem.  
Date of Burial Apr 8 1884  
Residence, Hoosick Falls N.Y.  
Name and Residence of Undertaker Hanselton 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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,

Rensselaer County.

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.



"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. Date of Death
11. Reported by
12. Chief cause of Death
13. Certified by
14. Buried at
15. 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 Rensselaer.

STATE OF NEW YORK.

Form 3.

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

2000

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased Miss *Pellie Hinchy*
2. Age *6* years *3* months *9* days. Sex *Female* Color *(Same as for than the White)*
3. Single, Married, Widowed *(Cross out words not required in this line.)* Occupation
5. Birthplace *(and State or Country.)* *Hoosick Falls N.Y.* *(How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Patrick Hinchy* *(State or Country.)* *Ireland*
7. Mother's Name and Birthplace *Mary Cunningham* *(State or Country.)* *"*
8. Place of Death *(If an Institution, state its name.)* *Hoosick Falls N.Y.* *(How long resident here.)* *5:30 P.M.* *(If dying away from Home, give Home Residence below.)*
9. Date and Hour of Death:—Died on the *8* day of *Apr.* 188*4*, 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.)

*Patrick Hinchy*

11. I hereby certify, That I attended the deceased from *Apr 4* 188*4*, to *Apr 8* 188*4*, that I last saw her *Apr 8<sup>th</sup>* 188*4*, that she died on the *8* day of *Apr* 188*4*, about *3.30* clock *A.M.*, and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

Chief and Determining } <i>Meningitis</i> Consecutive and } <i>A delicate Constitution</i> Contributing } <i>with Malarial poisoning</i>	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 *9* day of *Apr* 188*4*

No. of Burial Permit

(Signature.)

Place of Burial *St. Mary's Church*

Date of Burial *Apr 9-1884*

Name and Residence of Undertaker *Hannan & Son Hoosick*

Residence.



## REPORT OF A DEATH.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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

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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.

"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.

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 Rensselaer.

STATE OF NEW YORK,

Form 3.

CERTIFICATE OF DEATH.

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

30.00

In the Town of Hoosick,

1. Full Name of Deceased Elizabeth Bolan
2. Age 43 years — months — 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) Westmeath Ireland (How long in the United States, if of foreign birth) 23 yrs
6. Father's Name and Birthplace Tho. Gorry (State or Country) Ireland
7. Mother's Name and Birthplace Anna (State or Country) "
8. Place of Death (If an Institution, state its name) Hoosick Falls (How long resided here) 18 yrs (If dying away from Home, give last address below)
9. Date and Hour of Death:—Died on the 8 day of Apr. 1884, 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.)

Jos. Bolan

11. I hereby Certify, That I attended the deceased from Apr 1<sup>st</sup> 1884 to Apr 1<sup>st</sup> 1884 that I last saw her Apr 1<sup>st</sup> 1884 that she died on the 8 day of Apr 1884, about 6 o'clock A.M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

Chief and Determining	Quick Consumption.	Duration of Disease in Years, Months, Days, or Hours.
	(or Phthisis Pulmonalis.	
Consecutive and Contributing	Influenza	

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

Sanitary observations Good.

Witness my hand this 9<sup>th</sup> day of May 1884 J. C. Hansen M.D. (Signature)

No of Burial Permit \_\_\_\_\_  
Place of Burial St Marys Church  
Date of Burial Apr 10 1884  
Name and Residence of Undertaker H. J. F. \_\_\_\_\_

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.....

Town of Hoosick,  
Rensselaer County.

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

---

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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 \_\_\_\_\_  
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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased *Joe Donahue*
2. Age *43* years *6* 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 *Plumber*
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.)* *Hoosick Fall* *(How long res. about here.)* *(If dying away from Home, give Street Address below.)*
9. Date and Hour of Death:—Died on the *Apr* day of *9* 188*4*, 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.) *Consumption*

11. I hereby Certify, That I attended the deceased from \_\_\_\_\_ 188*8*, to \_\_\_\_\_ 188*8*, that I last saw h \_\_\_\_\_ 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 h \_\_\_\_\_ death was as hereunder written :

Chief and Determining } <i>Consumption</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 *10* day of *Apr* 188*4*.  
(Signature,) *J C Hammer*  
Residence, *H F*  
Name and Residence of Undertaker *Hammer & 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 Registrar's Book of Deaths to be inserted here by the Registrar.  
**43.58**

## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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

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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.



"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
- 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 Rensselaer.

CERTIFICATE OF DEATH.

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

45001

In the Town of Hoosick,

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

1. Full Name of Deceased *Albert A. Bowers*
2. Age *52* years *9* months \_\_\_\_\_ days. Sex *Male* Color *(Race, if other than the White)*
3. Single, Married, Widowed *(Cross out the words not required in this line.)* 4. Occupation *Saloon Keeper*
5. Birthplace *Hoosick Falls* *(How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Lewis P. Bowers Hoosick Falls*
7. Mother's Name and Birthplace *Eliza Ann Bump Bowers Hoosick*
8. Place of Death *Hoosick Falls* *(If an Institution, state its name.)* *(If dying away from Home, give place below.)*
9. Date and Hour of Death:—Died on the *12* day of *Apr.* 188*4*, at about *2:10* 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.)

*Sid Bowers*

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

11. I hereby Certify, That I attended the deceased from *Oct 1* 188*4* to *Apr 7* 188*4* that I last saw him *Apr 11* 188*4* that he died on the *12* day of *Apr.* 188*4* about *2:10* 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>Chronic Inflammation of Stomach &amp; Bowels</i>	Duration of Disease in Years, Months, Days, or Hours.	<i>About 7 yrs.</i>
		† The duration of each Disease, when given, is reckoned from its commencement until death.	
Consecutive and Contributing	<i>Rheumatism</i>		

Sanitary observations *All Right.*

Witness my hand this *12* day of *Apr* 188*4*

No of Burial Permit \_\_\_\_\_ (Signature) *J. C. Shaw* M.D.  
Place of Burial *Highgate Cem.*  
Date of Burial *Apr 18-57* Residence *Hoosick Falls*  
Name and Residence of Undertaker *W. A. ...*



## REPORT OF A DEATH.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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

33.00

3 00

7 00

45.00

2 00

3 00

48 00

46.00

\$ 246.00

Total from  
March 26-84  
to Apr 12-84

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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.

RECORD  
OF  
DEATHS.

BY

*Louis Hamler*

From *Apr 12*, 188*4*.

To *May 7*, 188*4*.

*No. 6-*

*8 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, (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 of Country)
7. Mother's Name and Birthplace..... (State of 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.

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 Rensselaer.

CERTIFICATE OF DEATH.

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

58.10

In the Town of Hoosick.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Catherine Feilde Leonard
2. Age 44 years \_\_\_\_\_ months \_\_\_\_\_ days Sex Female Color (Race, if other than the White)
3. Single, Married, Widowed (Cross out words not required in this line.) + Occupation House Keeper
5. Birthplace (and State or Country) Co. Cork, Ireland (How long in the United States, if of foreign birth) 20 yrs.
6. Father's Name and Birthplace John Feilde Cork Co (State or Country) Ireland
7. Mother's Name and Birthplace Johna O'Brien (State or Country) ..
8. Place of Death (If an Institution, state its name.) Hoosick Rural (How long resided here.) 14 yrs (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 25 day of Apr. 1884, 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.) Johna Donovan Artist

11. I hereby certify, That I attended the deceased from Apr 8 1884 to Apr 25 1884, that I last saw her Apr 25 1884, that she died on the 25 day of Apr 1884, about 9 o'clock A.M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

Chief and Determining } <u>Exhaustion</u>	Consecutive and Contributing } <u>Bright Disease Change of Life</u> <u>Schirrhoid or contracted liver</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 Not good

Witness my hand this 26 day of Apr 1884

No. of Burial Permit \_\_\_\_\_ (Signature,) J. C. Harmon M.D.  
Place of Burial St Mary's Ch H. F.  
Date of Burial Apr 26 - 84 Residence, Hoosick Falls N.Y.  
Name and Residence of Undertaker Hansen & Sons

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



## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,

Rensselaer County.

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

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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
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.

In the Town of Hoosick, Ella Gill  
 1. Full Name of Deceased (If an infant not named, give parents' names.)  
 2. Age 7 years - months - 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) (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.) Hoosick Falls N.Y. (If dying away from Home, give Home Residence below.)  
 9. Date and Hour of Death:—Died on the 02 day of Apr 1884, 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 \_\_\_\_\_ 1884, to \_\_\_\_\_ 1884, that I last saw h \_\_\_\_\_ 1884, that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 1884, 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>Inflammation 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 14 day of Apr 1884  
 (Signature) \_\_\_\_\_ M.D.  
 No. of Burial Permit \_\_\_\_\_  
 Place of Burial Hoosick Falls Rensselaer  
 Date of Burial Apr 18 1884 Residence, \_\_\_\_\_  
 Name(s) of Undertaker W. H. ...

## REPORT OF A DEATH.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,


Rensselaer County.

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

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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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick.

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

120

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.

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mary M<sup>c</sup>Carthy
2. Age 6 years 8 months 7 days Sex Female (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.) Hoosick Falls N.Y. (How long in the United States, if of foreign birth.) Irish
6. Father's Name and Birthplace John M<sup>c</sup>Carthy (State or Country) Irish
7. Mother's Name and Birthplace Bridget M<sup>c</sup>Carthy (State or Country) Irish
8. Place of Death (If an Institution, state its name.) Hoosick Falls (How long res. stated here.) (If dying away from Home, give those places below.)
9. Date and Hour of Death:—Died on the 13 day of Apr 1884, 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.) Mrs Hugh Pude

11. I hereby Certify, That I attended the deceased from Apr 12<sup>th</sup> 1884 to Apr 12<sup>th</sup> 1884 that I last saw her Apr 12<sup>th</sup> 1884 that she died on the 13<sup>th</sup> day of Apr 1884, about 1.30 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>Tubercular Meningitis</u>	Duration of Disease in Years, Months, Days, or Hours. } <u>9 or 10 Mts.</u>
Consecutive and Contributing } <u>Scars from Scarlatina</u>	

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

Sanitary observations.....

Witness my hand this 14 day of Apr 1884

No of Burial Permit..... (Signature,) M O F Dolphin M.D.  
Place of Burial St Marys Church  
Date of Burial Apr 15-84 Residence, H Hoosick Falls N.Y.  
Name and Residence of Undertaker Haussler & Sons

E.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against accepting or using this Certificate for any purpose other than that of delivering it for a Burial Permit and Registration.

## REPORT OF A DEATH.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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

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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 "Counterfall" 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
  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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

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

1704

In the Town of Hoosick

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.) *Elizabeth Hufferman*
2. Age *8* years *5* months *5* 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.) *Hoosick Falls N.Y.* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *John Hufferman* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Kate Cushman* (State or Country)
8. Place of Death (If an Institution, state its name.) *Hoosick Falls* (How long res. absent here.) (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the *24* day of *Apr.* — 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.) *J. Hufferman*

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

11. I hereby Certify, That I attended the deceased from *Apr 10 1887* to *Apr 22 1887*, that I last saw her *Apr 22 1887* that she died on the *24* day of *Apr 1887*, about *4.30* 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	<i>Acute Bronchitis</i>	Duration of Disease in			
		Years	Months	Days	Hours
Consecutive and Contributing	<i>Asthma</i>	<i>—</i>	<i>2</i>	<i>—</i>	<i>—</i>

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

Sanitary observations

Witness my hand this *24* day of *Apr* 188*7*.

No. of Burial Permit  
 Place of Burial *Hoosick Falls*  
 Date of Burial *Apr 26 87*  
 Name and Residence of Undertaker *Wm. J. ...*  
 (Signature,) *W. J. ... M.D.*  
 Residence, *H.F.*

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS FROM ADAPTING OR USING THIS CERTIFICATE FOR ANY PURPOSE EXCEPT THAT OF DELIVERING IT FOR A BURIAL PERMIT AND REGISTRATION.



## REPORT OF A DEATH.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,

Rensselaer County.

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

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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.

STATE OF NEW YORK.

Form 2.

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

1908

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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.) .....
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.) Long. (How long res-ident here.) (If stayed 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.)

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

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>Chronic Alcoholism</i>  Consecutive and Contributing } <i>Drinking</i>	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.....

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,

Rensselaer County.

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

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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 list.)
  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
- 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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

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

7000

In the Town of Hoosick,

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.) Patrick O'Brien
2. Age 27 years 5 months — days Sex Male Color (Race, if other than the White)
3. Single, Married, Widowed (Cross out words not required in this list.) + Occupation Labourer
5. Birthplace (and State or Country) Lisseyry Ireland (How long in the United States, if of foreign birth) 4 yrs.
6. Father's Name and Birthplace Connelius O'Brien (State or Country) Ireland
7. Mother's Name and Birthplace Mary " " " "
8. Place of Death (If an Institution state its name.) Hookick Falls (How long res-ident here.) (If dying away from Home, give Home residence below.)
9. Date and Hour of Death:—Died on the 5 day of May 1884, at about 6.50 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.)

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

11. I hereby Certify, That I attended the deceased from Apr 30 1884 to May 5 1884 that I last saw him May 4 1884 that he died on the 5 day of May 1884, about 6.30 clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

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

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

Sanitary observations.....

Witness my hand this 5 day of May 1884

(Signature,)

Geo F Dolphi M.D.  
H. Y.  
 Residence,

No of Burial Permit  
 Place of Burial St Mary's Cem.  
 Date of Burial May 7 1884  
 Name and Residence of Undertaker J. 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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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

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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.....  
 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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick

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

6000

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

1. Full Name of Deceased *Elyza Barni*
2. Age *66* years *7* months *7* days Sex *Female* Color *White*
3. Single, Married, Widowed
4. Occupation *Housekeeper*
5. Birthplace
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Place of Death
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.

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

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>P. these Plumanalis</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 Cem.*  
 Date of Burial *May 16-84*  
 Name and Residence of Undertaker *H. J. Van*

(Signature,) *Dr Putnam* M.D.  
 Residence, *H. J. Van*

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hooick,

Rensselaer County.

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

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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.....

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.

Form 3.

County of Rensselaer.

CERTIFICATE OF DEATH.

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

1200

In the Town of Hoosick,

1. Full Name of Deceased *Katie Phillips*
2. Age *9* years *9* months *—* days. Sex *Female* Color *White*
3. Single, Married, Widowed *Single* 4. Occupation *—*
5. Birthplace *Hoosick Falls* (How long in the United States, if of foreign birth.) *—*
6. Father's Name and Birthplace *Patrick Hayes* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Kate Baum Hayes* (State or Country) *Canada*
8. Place of Death *H. F. Hoosick* (How long resided here.) *—* (If dying away from Home, give Home Residence here.) *—*
9. Date and Hour of Death:—Died on the *7* day of *May* 188*7*, 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.) *Thos Hayes*

11. I hereby Certify, That I attended the deceased from *May 2* 188*7*, to *May 6* 188*7*, that I last saw her *May 6* 188*7*, that she died on the *7* day of *May* 188*7*, about *6* o'clock *a.* M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

Chief and Determining	<i>Acute Bronchitis</i>	Duration of Disease in Years, Months, Days, or Hours.	
		<i>—</i>	<i>5</i>
Consecutive and Contributing	<i>—</i>		

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

Sanitary observations.....

Witness my hand this *7* day of *May* 188*7*.

No. of Burial Permit *—* (Signature,) *Dolphin* M.D.  
 Place of Burial *St Mary & Cem*  
 Date of Burial *May 9* Residence, *H. F.*  
 Name and Residence of Undertaker *H. F.*

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. 512, Laws of 1880.

REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,

Rensselaer County.

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

5801  
27.00  
12.00  
17.00  
17.00  
76.00  
6.00  
12.00

\$275.00  
Paid from April  
to May 7-84  
L.H.

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.



RECORD  
OF  
DEATHS.

BY

*Louis H. Hansen*

From *May 7*, 1884

To *June 17*, 1884

*No 7.*

*70 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.

30<sup>TH</sup>

## REPORT OF DEATH

1. Full name of deceased } *Owen Doyle*

2. Age... *28 yrs.*

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

4. Occupation... *Labourer*

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

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

6. Father's Name and Birthplace... *J. P. Doyle*

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

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

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

8. Died at... *Howe's Falls*

Resident here } 

Years	Mon.	Days

 (How long in the United States, if of foreign birth.) *2 yrs.*

9. Date of Death... *24th of May*

10. Reported by.....

..... 188*8*

11. Chief cause of Death... *Congestion*

..... *Typho Malarial Febr. Malarial poisoning of the morbid case*

Certified by... *H. Anderson*

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

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

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
- 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.

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick.

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

900

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

1. Full Name of Deceased *John Barry*
2. Age *30* years *30* months *30* days Sex *male* Color *White*
3. Single, Married, Widowed *Mar.*
4. Occupation
5. Birthplace *A. J.*
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Place of Death
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.)

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

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	Unknown	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) \_\_\_\_\_ M.D.  
 Place of Burial *St. Mary's Cem.*  
 Date of Burial *Aug 24*  
 Residence \_\_\_\_\_  
 Name and Residence of Undertaker *A. 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.



## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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. 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.

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.

- In the Town of Hoosick,
1. Full Name of Deceased (If an Infant not named, give parents' names.) Geo. Reede
  2. Age 33 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 Laborer.
  5. Birthplace (and State or Country.) Chesgo. County N.Y. (How long in the United States, if of foreign birth.)
  6. Father's Name and Birthplace Prof. Knut. (State or Country)
  7. Mother's Name and Birthplace \_\_\_\_\_ (State or Country)
  8. Place of Death (If an Institution state its name.) Hoosick Falls. (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 May, 1884, 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 Registrar.) Thos. Gallagher.

11. I hereby certify, That I attended the deceased from May 20 1884, to May 27 1884, that I last saw him May 27 1884 that he died on the 27 day of May 1884, about 9 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 } <u>Pneumonia</u>	Duration of Disease in Years, Months, Days, or Hours, } <u>8.</u>
Consecutive and Contributing } <u>Asphyxia</u>	

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

Sanitary observations \_\_\_\_\_

Witness my hand this 28 day of May, 1884

(Signature) W. J. Dolphin M.D.

No of Burial Permit \_\_\_\_\_

Place of Burial St. Mary's Cem.

Date of Burial May 29-84

Residence, Hoosick Falls

Name and Residence of Undertaker W. A. Ten

**REPORT OF A DEATH.**

From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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
- 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.

STATE OF NEW YORK.

County of Rensselaer.

## CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

50.00

1. Full Name of Deceased (If an Infant not named, give parents' names.) Ellen F. Boken
2. Age 26 years — months — 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.) Bald Mountain N.Y. (How long in the United States, if of foreign birth.) From Birth
6. Father's Name and Birthplace Edw. Maher (State or Country) Ireland
7. Mother's Name and Birthplace Catherine McGraw Maher (State or Country) "
8. Place of Death (If an Institution state its name.) Hoosick Falls (How long res. here.) 2 yrs. (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 29 day of May, 1884, 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.) Peter Brown
11. I Herewith Certify, That I attended the deceased from May 26 1884, to May 29 1884, that I last saw her May 29 1884 that she died on the 29 day of May, 1884, about 11 o'clock A.M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

Chief and Determining } <u>Peritonitis from Blood poison.</u> Consecutive and } <u>Child birth.</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 Good.

Witness my hand this 30 day of May, 1884

No. of Burial Permit \_\_\_\_\_ (Signature) J. C. Hamon, M.D.  
 Place of Burial St. Mary's Cem.  
 Date of Burial May 31  
 Name and Residence } of Undertaker H. S. ...  
 Residence, Hoosick Falls

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,

Rensselaer County.

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

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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.....

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.

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 of Housick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) May McGown.
2. Age 26 years — months — days. Sex Female Color (Race, if other than the White) .....
3. Single, Married, ~~Widowed~~ (Cross out words not required in this line.) 4. Occupation Shoe Maker
5. Birthplace (and State or Country) Ganville N.Y. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace John McGown (State or Country) Ireland
7. Mother's Name and Birthplace Rose Ann " " (State or Country) " "
8. Place of Death (If an Institution, state its name.) Horrick Hall (How long resided here.) 14 (If dying away from Home, give those residences below.)
9. Date and Hour of Death:—Died on the 31 day of May, 1884, 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.) John McGown.

11. I hereby Certify, That I attended the deceased from May 1884 to May 31, 1884, that I last saw her May 31<sup>st</sup> 1884, that she died on the 31 day of May, 1884, about 5 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>Pulmonary Consumption</u> — <u>3</u>	Duration of Disease in Years, Months, Days, or Hours.†		† The duration of such Diseases, when given, is reckoned from the commencement until death.
	Consecutive and Contributing } .....	.....	

Sanitary observations.....

Witness my hand this 31<sup>st</sup> day of June, 1884

No of Burial Permit..... (Signature) M. D. J. P. R. C. M.D.  
Place of Burial St. Mary's Church  
Date of Burial June 1<sup>st</sup> 1884 Residence, Housick N.Y.  
Name and Residence of Undertaker Hauschild & Co.

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.**

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,

Rensselaer County.

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

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**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.....
- 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. 512, Laws of 1880.

STATE OF NEW YORK.

Form 1.

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

1200

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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 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.....

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.....

Town of Hoodick,  
Rensselaer County.

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. 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.....  
 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.

CERTIFICATE OF DEATH.

4520

In the Town of Hoosick,

1. Full Name of Deceased *Emory Gill*
2. Age *19* years *6* months *—* days. Sex *male* Color *(None, if other than the White)*
3. Single, Married, Widowed *(Cross out words not required in this line.)* 4. Occupation *none*
5. Birthplace *(and State or Country.)* *France's Falls N.Y.* *(How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Osborne* *(State or Country.)* *N.Y.*
7. Mother's Name and Birthplace *Angeline* *(State or Country.)* *N.Y.*
8. Place of Death *(If an Institution, state its name.)* *H. F.* *(How long resided here.)* *19* *(If dying away from Home, give place below.)*
9. Date and Hour of Death:—Died on the *10* day of *June* 188*4*, 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.) *Edwin Gill*

11. I hereby Certify, That I attended the deceased from *Oct 1883*, to *June 9 1884* that I last saw him *June 7 1884* that he died on the *10* day of *June* 188*4* about *5* o'clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <i>Consumption</i>	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.
	<i>3</i>	
	Consecutive and Contributing } _____	

Sanitary observations \_\_\_\_\_

Witness my hand this *10* day of *June* 188*4*.

No of Burial Permit \_\_\_\_\_ (Signature) *Lawrence Ashton M.D.*  
 Place of Burial *Maple Grove Cem*  
 Date of Burial *June 12 1884* Residence, *H. F.*  
 Name and Residence of Undertaker *H. F. Lott*

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.....

Town of Hoodick,  
Rensselaer County.

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 \_\_\_\_\_  
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. 812, Laws of 1880.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.) Michael James Griffin
  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.) N.Y. (How long resident here.) (If dying away from Home, give Home Address below.)
  9. Date and Hour of Death:—Died on the 8 day of June, 1884, at about \_\_\_\_\_ 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 June 8 1884 to June 8 1884, that I last saw him June 8 1884 that he died on the 9 day of June 1884, about 2:30 o'clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } <u>Septicæmia</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 10 day of June 1884.

No. of Burial Permit \_\_\_\_\_

Place of Burial at home

Date of Burial June 11 1884

Name and Residence of Undertaker \_\_\_\_\_

(Signature) M. J. Dolphin M.D.  
 Residence, H. France

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.....

Town of Hoodick,  
Rensselaer County.

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

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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 } .....
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.

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 (not 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.

Jas B. van Broekhoven

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 } .....	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,)..... 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.....

Town of Hoodick,  
Rensselaer County.

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.



"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 (How long in the United States, if of foreign birth.)
10. Resident here (Years, Mos., Days)
11. Date of Death
12. Reported by
13. 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. 812, Laws of 1890.

County of Rensselaer.

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

**CERTIFICATE OF DEATH.**

1700

In the Town of Hoosick,

1. Full Name of Deceased (If an Infant not named, give parents' names.)
2. Age 7 years 6 months 25 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) (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 in the United States, if of foreign birth.) (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 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	Diphtheria	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 \_\_\_\_\_

## REPORT OF A DEATH.

From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,

Rensselaer County.

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

1710

45.00

43.00

45.00

12.00

40.00

50.00

95.00

9.00

30.00

306.00 *Stallman*  
*May 7 to*  
*June 17*

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.



RECORD  
OF  
DEATHS.

BY

*Dennis Hamner.*

From *June 18*, 1884

To *July 23*, 1884.

19 No. 8!

*Nineteen  
Eighteen  
Seventeen  
Sixteen  
Fifteen  
Fourteen  
Thirteen  
Twelve  
Eleven  
Ten  
Nine  
Eight  
Seven  
Six  
Five  
Four  
Three  
Two  
One*

*Eleven* death recorded in this  
book

19 Deaths

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



Geo. A Brown Died July 28/84  
from Cholera Inflammation age 3 mts.  
Buried at Millamstown July 30/84 by  
H. L. Son: \$10 00

Allie Scanlon age 6 mts. who died at  
Hoosick Falls. on July 29/84 the cause of death  
being Blood Poison buried at St. Mary's Cen  
by Hammen & Son 14 00

Elizabeth Houlton Died July 29/84 <sup>age 22-3-13</sup>  
from Consumption buried " 8/1/84  
\$5 00

Francis J. Moran Died July 31/84 age  
23-8-13 - buried Aug. 2<sup>nd</sup> 5 00

Jas. G. Blain found in "Shays Pond"  
cause of Death "Brain too soon" buried in  
Maple Grove Cen. \$18 00

Grace E. Darling. Age 5 mths 6 days died  
from Spinal Meningitis buried at St. Mary's  
Hoosick Aug. 6. 16 00

1800  
Tollmanx Cornux age 6 mts. died Aug. 9<sup>th</sup> 1894  
and buried Aug. 10/84 in St. Mary's Cen. cause of  
death Meningitis. by Hammen & Son.



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.....
- 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 1890.

STATE OF NEW YORK.

County of Rensselaer.

## CERTIFICATE OF DEATH.

In the Town of Hoosick,

No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar. 34500

1. Full Name of Deceased (If an Infant not named, give parents' names.) Mary Carr.
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. Housekeeper.
5. Birthplace (and State or Country.) Ireland. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John Moran. (State or Country) Ireland
7. Mother's Name and Birthplace Mary (State or Country)
8. Place of Death (If an Institution, state its name.) Hoosick Falls. (How long res. (Ident here.) (If dying away from Home, give these statistics below.)
9. Date and Hour of Death:—Died on the 17 day of June, 1884, 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 residence of Reporter.) Patrick Carr. Hoosick Falls.
11. I hereby Certify, That I attended the deceased from June 12, 1884 to June 14, 1884; that I last saw her on June 14, 1884, that she died on the 17 day of June, 1884, about 11 o'clock A.M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written:

Chief and Determining } <u>Softening of Brain.</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 18 day of June, 1884

No. of Burial Permit    (Signature) W. S. Dolphin M.D.  
 Place of Burial Hoosick Falls, N.Y.  
 Date of Burial June 19, 1884  
 Name and Residence of Undertaker H. S. ... Hoosick Falls, N.Y.

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.

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From.....

Name of Deceased.....

Date of Death.....

Town of Hoosick,  
Rensselaer County.

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

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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.

STATE OF NEW YORK.

Form 2.

County of Rensselaer.

CERTIFICATE OF DEATH.

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

4130

In the Town of Hoosick,

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

1. Full Name of Deceased *Lathane Muldoon*
2. Age *72* years *—* months *—* 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 *Ireland* *(How long in the United States, if of foreign birth)* *Fifty yrs.*
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Place of Death *Hoosick Falls* *(How long resided here)* *(If dying away from Home, give Home Address below)*
9. Date and Hour of Death:—Died on the *20* day of *June* 188*4*, 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.) *Edward Speer*

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

11. I hereby certify, That I attended the deceased from *June 10 1884* to *June 10 1884* that I last saw her *June 10 1884* that she died on the *20* day of *June* 188*4*, about *7* 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	<i>Acute Bronchitis</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 *21* day of *June* 188*4*

No of Burial Permit \_\_\_\_\_ (Signature,) *W. B. Putman M.D.*  
 Place of Burial *St Mary's*  
 Date of Burial *June 22 - 1884* Residence, *H. F.*  
 Name and Residence of Undertaker *H. F.*

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.....

Town of Hoodick,  
Rensselaer County.

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
- 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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

Form 2.

CERTIFICATE OF DEATH.

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

3096

In the Town of Hoodick

1. Full Name of Deceased *(If an Infant not named, give parents' names.)* John Heart
  2. Age 29 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 Machinist
  5. Birthplace *(and State or Country.)* Virginia *(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.)* *(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 June 1884, 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 do 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> Consecutive and } <u>I saw this patient but once</u> Contributing } <u>he was dying then with the above disease</u>	Duration of Disease in Years, Months, Days, or Hours.†

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

Sanitary observations \_\_\_\_\_

Witness my hand this 20 day of June 1884

No. of Burial Permit \_\_\_\_\_  
 Place of Burial Hoodick Falls  
 Date of Burial June 22-1884  
 Name and Residence of Undertaker H. H. Sou

*(Signature.)* J. B. Harmon M.D.  
 Residence, Hoodick Falls

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.....

Town of Hoodick,  
Rensselaer County.

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..... 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 Rensselaer.

STATE OF NEW YORK.

Form 1.

CERTIFICATE OF DEATH.

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

1884

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.) Alice Blair.
2. Age 7 years — months — 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) Farmers Inn Renss Co N.Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Robert Blair (State or Country) Ireland
7. Mother's Name and Birthplace Johanna Ballahan (State or Country) "
8. Place of Death (If an Institution, state its name.) Hoosick Falls N.Y. (How long resided here.) (If dying away from home, give final residence below.)
9. Date and Hour of Death:—Died on the 21 day of June 1884, 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.) Robert Blair

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

11. I Herely Certify, That I attended the deceased from June 18 1884 to June 21 1884 that I last saw her June 20 1884 that she died on the 21 day of June 1884 about 10 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>Inflammation of Larynx</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.
			<u>3</u>		
			<u>—</u>		
			<u>—</u>		

Sanitary observations.....

Witness my hand this 21 day of June 1884

No of Burial Permit..... (Signature) J. O. F. Dolphin M.D.  
 Place of Burial Hoosick Falls N.Y.  
 Date of Burial June 22 1884  
 Name and Residence of Undertaker Atton Residence F. F.

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.....

Town of Hoodick,  
Rensselaer County.

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 \_\_\_\_\_

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.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

1. Full Name of Deceased *Paul Blair*
2. Age 9 years 6 months — days. Sex male Color (None, if other than the White)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation \_\_\_\_\_
5. Birthplace Hoosick Falls (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace Robert Blair (State or Country) Ireland
7. Mother's Name and Birthplace Johanna Callahan (State or Country) "
8. Place of Death Hoosick Falls (How long resided here.) \_\_\_\_\_ (If dying away from home, give place last seen alive.) \_\_\_\_\_
9. Date and Hour of Death:—Died on the 23 day of June 1884 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.) Robert Blair

11. I hereby certify, That I attended the deceased from June 19 1884 to June 23 1884, that I last saw him 1884 that he died on the 23 day of June 1884, about 6 o'clock A.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining	<u>Oedema Glottidis</u>	Duration of Disease in Years, Months, Days, or Hours. <u>— 4 —</u>	The duration of each Disease, when given, is reckoned from its commencement until death.	
	Consecutive and			
	Contributing			

Sanitary observations \_\_\_\_\_

Witness my hand this 28 day of June 1884 In St. Stephen M.D.  
 (Signature) M. J. Dolphin  
 Residence, N. Y.  
 No of Burial Permit \_\_\_\_\_  
 Place of Burial St. Ann's Church  
 Date of Burial June 27 1884  
 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.....

Town of Hoodick,  
Rensselaer County.

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
- 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. 512, Laws of 1880.

County of Rensselaer.

STATE OF NEW YORK.

Form 3.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

1. Full Name of Deceased
2. Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. Sex Female Color \_\_\_\_\_
3. Single, Married, Widowed \_\_\_\_\_ 4. Occupation \_\_\_\_\_
5. Birthplace Hoosick Falls.
6. Father's Name and Birthplace Robert Blair.
7. Mother's Name and Birthplace Mamma Galihan.
8. Place of Death Hoosick Falls.
9. Date and Hour of Death:—Died on the 25 day of June 1884, 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.) Robert Blair

11. I Herby Certify, That I attended the deceased from June 22 1884 to June 24 1884, that I last saw him June 24 1884 that he died on the 25 day of June 1884, about 5 o'clock A. M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

Chief and Determining	<u>Scarlatina &amp; Diphtheria</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 25 day of June 1884

No. of Burial Permit \_\_\_\_\_

Place of Burial St Mary's Church

Date of Burial June 28 1884

Name and Residence of Undertaker W. H. Brown

(Signature) J. F. Doolittle M.D.

Residence, Hoosick Falls

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.....

Town of Hoodick,  
Rensselaer County.

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. 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  
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.

1. Full Name of Deceased
2. Age
3. Single, Married, Widowed
4. Occupation
5. Birthplace
6. Father's Name and Birthplace
7. Mother's Name and Birthplace
8. Place of Death
9. Date and Hour of Death
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

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.†			

Sanitary observations  
Witness my hand this day of 188 .

No of Burial Permit  
Place of Burial  
Date of Burial  
Residence  
Name and Residence of Undertaker

STATE OF NEW YORK.

County of Rensselaer.

CERTIFICATE OF DEATH.

In the Town of Hoosick,

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

6000

*Common*

## REPORT OF A DEATH.

---

From.....

Name of Deceased.....

Date of Death.....

Town of Hoodick,  
Rensselaer County.

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.

49<sup>00</sup>

**REPORT OF DEATH**

1. Full name of deceased } *Patrick O'Brien*

2. Age..... *49 yrs.*

3. ~~Single~~, <sup>*Married*</sup> Married or ~~Widowed~~, (Cross out the words not required in this line.)

4. Occupation... *Blacksmith*

5. Birthplace... *Melroe* (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.

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

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

## REPORT OF DEATH

1. Full name of deceased *Edw. Bowman*
2. Age *3 yrs 21 days*
3. Single, Married or Widowed ~~Single~~ (Cross out the words not required in this line.)
4. Occupation \_\_\_\_\_
5. Birthplace *N. Y.* (State or Country) *Renss.*
- Color and Race, (if not white) \_\_\_\_\_
6. Father's Name and Birthplace *J. M. Bowman* (State or Country) *Green*
7. Mother's Name and Birthplace *Elizabeth Bowman* (State or Country) *Green*
8. Died at *N. Y.*
- |               |       |      |      |   |
|---------------|-------|------|------|---|
| Resident here | Years | Mon. | Days | (How long in the United States, if of foreign birth.) |
|               |       |      |      |   |
9. Date of Death *July 19*
10. Reported by *Wm. Corey*  
*W. Adams* 188*4*
11. Chief cause of Death *Striking*  
*away*
- Certified by *J. S. Dwyer*  
Medical Attendant.
- Buried at *St. Mary's*
- By *Wm. Adams*

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.

2440.56

15.00

16.00

---

\$2474.50

To Tax to Aug

5.84

---



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

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

## REPORT OF DEATH

1. Full name of deceased *Ellen G. Mason* 7300

2. Age *79 yrs*

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

4. Occupation *Housekeeper*

5. Birthplace *Ireland Co. of Maryland*  
(State or Country)

Color and Race, (if not white)

6. Father's Name and Birthplace *Pat. Ireland*

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 *July 20*

10. Reported by

11. Chief cause of Death *Phthisis* 188*8*

Certified by *M. J. Dolan*

*Medical Attendant.*

Buried at *St. Mary's*

By *H. F.*

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.

35.00  
 75.00  
 12.00  
 48.00  
 60.00  
 10.00  
 12.00  
 18.00  
 50.00  
 41.50  
 45.00

\$ 416.50  
 16.00

\$ 432.50

From June 1st  
 To July 28/94

10.00  
 \$ 442.50  
 14.00

456.50  
 50.00

506.50  
 50.00

\$ 556.50

326.00

275.00

240.50

234.00

349.00

181.50

272.00

\$ 2440.50

\$ 2418.00

\$ 2455.50

Total Amount

.. for No 7

.. .. 6

.. .. 5

.. .. 4

.. .. 3

.. .. 2

.. .. 2

.. .. 8 weeks

Bridget Ferguson Age  $\$35.00$   
86 yrs.

~~she~~ Died at Troy at Little Sisters of the poor Co. Pans.  
on July 21<sup>st</sup> 1884 the cause of Death Dropsy &  
Fracture of the Hip and buried at St. Mary's C<sup>h</sup>  
in Hornick Falls By Hansen & Son J. F.  
Surgeon by W. H. Sloem  
Pres. of Board of Health.

---

John Hughes. Age 71 yrs & Ants. died at Hornick  
Falls July 23<sup>rd</sup> 1884 the cause of death being Concussion of the  
Brain. Place of Burial Hornick Falls "St. Mary's C<sup>h</sup>"

Hansen & Son  
Indulturn  
 $\$17.00$

W. H. Sloem  
Pres Board of Health

---



RECORD  
OF  
DEATHS.

BY

Lucas H. ...

From Aug 27, 1884.

To Sept 22, 1884

*From June 1<sup>st</sup> Aug 27 100 Deaths*

*No 9*

*21 deaths*

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

From ~~June~~  
From June 1<sup>st</sup> to

Aug 9 \$ 2458.50

Aug 27<sup>th</sup> \$ 353.96

2812.46

32.00

64.00

69.00

20.00

13.00

17.00

14.00

20.00

Total from 26.00

Jan 1<sup>st</sup> 1868  
Sept 20. \$ 106.46



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 \_\_\_\_\_ 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.

3200

- In the Town (Village) City of \_\_\_\_\_
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Andre Herbert Lyons
  2. Age 22 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.) Limerick Ireland (How long in the United States, if of foreign birth.) 4 Mts.
  6. Father's Name and Birthplace John Lyons (State or Country.) Ireland
  7. Mother's Name and Birthplace Margaret Lyons (State or Country.) \_\_\_\_\_
  8. Place of Death (If an Institution, state its name.) Hoboken N.J. (How long resided here.) 4 Mts. (If dying away from Home, give Home Residence below.)
  9. Date and Hour of Death:—Died on the 31 day of August 1884 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.

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.

(Signature and Residence of Registrar.) John O'Rourke

11. I hereby certify, That I attended the deceased from July 27 1884 to Aug 31 1884 that I last saw him on Aug 31 1884 that he died on the 31 day of Aug 1884, about 3 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	<u>Typhoid Fever</u>	Duration of Disease in Years, Months, Days, or Hours,†	<u>32</u>
	Consecutive and		
	Contributing		

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

Sanitary observations \_\_\_\_\_

Witness my hand this 1 day of Sept 1884

No. of Burial Permit \_\_\_\_\_  
 Place of Burial St Mary's Cem  
 Date of Burial 22 - 1884  
 Name and Residence of Undertaker H. J. Lee

(Signature.) M. J. F. Dolphus, D.  
 Residence, H. F.

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.

Jas Conors	\$ 62.00
Patrick Hurley	53.00
Child of Burchard	23.00
Jerry Collins	51.71
Wm J. McKee	30.00
Child of Quigley	15.00
John Rindorf	4.00
" " "	76.25
Child of John Luky	16.00
Centwine Vandercur	6.00
Manch	14.00
	<hr/>
	352.96

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..... 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 (If an Infant, not named, give parents' names.) Neil Mc Kinty
2. Age 84 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 Lumberer
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace Neil Mc Kinty (State or Country.) Ireland
7. Mother's Name and Birthplace \_\_\_\_\_ (State or Country.) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) Arvick Falls (How long resided here.) \_\_\_\_\_ (If dying away from Home, give Home Residence below.) \_\_\_\_\_
9. Date and Hour of Death:—Died on the 31 day of Aug 1884, at about 11:20 a.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. 512, Laws of 1880.

11. I hereby certify, That I attended the deceased from Aug 30 1884, to Aug 31 1884 that I last saw him Aug 31 1884 that he died on the 31 day of Aug 1884, about 11:20 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 } <u>Diarthraea.</u>	Duration of Disease in Years, Months, Days, or Hours.†		† The duration of each Disease, when given, is reckoned from its commencement until death.
	<u>7</u>		
Consecutive and Contributing } <u>Softening of Brain</u>			

Sanitary observations.....

Witness my hand this 1<sup>st</sup> day of Sept 1884

No. of Burial Permit..... (Signature,) W. J. Dolph, D.  
Place of Burial St Mary's Church  
Date of Burial Sept 2<sup>nd</sup> Residence, H. 7  
Name and Residence of Undertaker H. J. Mc

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.  
87.00

## 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
- 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 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.

6909

In the Town (Village) City of

1. Full Name of Deceased John R Bavin
2. Age 29 years 5 months days Sex Color
3. Single, Married, Widowed 4. Occupation Painter
5. Birthplace Elgin Scotland
6. Father's Name and Birthplace Alexander Bavin Scotland
7. Mother's Name and Birthplace Eliza Smith Bavin
8. Place of Death Boosick Falls 10 yrs
9. Date and Hour of Death:—Died on the 2nd day of Sept. 1884 at about 8.30 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.) Alexander Bavin

11. I hereby certify, That I attended the deceased from Aug 24 1884 to Sept 2 1884 that I last saw him Sept 2 1884 that he died on the 2 day of Sept 1884, about 8 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	Bright's Disease of the Kidneys	Duration of Disease in Years, Months, Days, or Hours.†			
Consecutive and Contributing					

Sanitary observations Good.

Witness my hand this 3 day of Sept 1884 J.C. Hammon M.D.

No. of Burial Permit  
Place of Burial St Mary's Cem.  
Date of Burial Sept 4-84  
Name and Residence of Undertaker H. H. ...

Residence, H. 7.

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	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.....  
*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 2.  
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.  
**220**

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) James H. Sullivan
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.) Horsick Falls. (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace John Sullivan (State or Country) England
7. Mother's Name and Birthplace Kate (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 3 day of Sept. 1884 at about 8 PM.
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.) John H. Sullivan

11. I hereby Certify, That I attended the deceased from Sept 1 1884 to Sept 2 1884 that I last saw him Sept 2 1884 that he died on the 3 day of Sept 1884, about 8 o'clock AM., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

<p>Chief and Determining } <u>Congestion of the Brain</u></p> <p>Consecutive and Contributing } _____</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 3 day of Sept 1884 (Signature) W. B. Putnam M.D.

No. of Burial Permit —  
Place of Burial St. Mary's  
Date of Burial Sept 4 1884  
Name and Residence 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.

**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	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. 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.

15 27

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Mary M. Geever
2. Age 1 years 1 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.) H. F. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Pat. M. Geever (State or Country.)
7. Mother's Name and Birthplace..... (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 24 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    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>Cholera Infantum</u></p> <p>Consecutive and } <u>  </u></p> <p>Contributing } <u>  </u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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,†														

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

Sanitary observations.....

Witness my hand this    day of    188  .

(Signature) H. A. ... M.D.

No. of Burial Permit     
 Place of Burial St. Mary's  
 Date of Burial Sept 6 1884  
 Name and Residence of Undertaker H. J. ...

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
  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 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.

11000

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Ladie May Myer
2. Age 11 years 17 months 17 days Sex Female Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not used) 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 Jos B. Myer Burnstead, N.Y.
7. Mother's Name and Birthplace Ladie Bolton Myer (State or Country) Horrie
8. Place of Death (If an Institution, state its name.) Hoosick Falls N.Y. (How long resided here.) (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 8 day of Sept 1884 at about 12:50 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 Reporter.)

Jos B. Myer

11. I hereby Certify, That I attended the deceased from June 10 1884 to Sept 7 1884 that I last saw her Sept 7 1884 that she died on the 7 day of Sept 1884 about 12:50 Clock A.M., and that to the best of my knowledge and belief the Cause of her 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>Marasmus</u>					
Consecutive and } _____					
Contributing } _____					

Sanitary observations.....

Witness my hand this 8 day of Sept 1884

No. of Burial Permit.....  
Place of Burial Myer's Burial  
Date of Burial Sept 9 1884  
Name and Residence of Undertaker H. H. H.

(Signature) W. B. 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.

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.....
- 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.

Form 3.

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

14,00

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Jane Mulready
2. Age..... years 3 months 7 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) Loosick Falls (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Par. Melady Rutland (State or Country) Vt.
7. Mother's Name and Birthplace Johanna Mulready (State or Country) Vermont
8. Place of Death (If an Institution, state its name.) Loosick Falls (How long resided here.) .....
9. Date and Hour of Death:—Died on the 8 day of Sept. 1884 at about 3 A.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. 512, Laws of 1890.

(Signature and residence of Reporter.) .....

11. I Herby Certify, That I attended the deceased from Sept 6 - 1884 to Sept 8 1884 that I last saw her Sept 6 1884 that she died on the 8 day of Sept 1884 about 3 o'clock A.M., and that to the best of my knowledge and belief the Cause of her 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>Spina bifida</u>	-	3	-	-	
Consecutive and Contributing } <u>Hydrocephalus + Convulsions</u>					

Sanitary observations.....

Witness my hand this 8 day of Sept 1884

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

No. of Burial Permit.....

Place of Burial St Mary's Cem

Date of Burial Sept 9 - 8 4 Residence, .....

Name and Residence of Undertaker Wassler & 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.

☞ 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.

Form 2.

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

CERTIFICATE OF DEATH,

200

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Frances B. Cunningham*
2. Age..... years *4* months..... 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.) *Hornick Falls N.Y.* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Frances Cunningham* (State or Country) *West-Ct. N.Y.*
7. Mother's Name and Birthplace *Elizabeth Ferguson* (State or Country) *Hornick*
8. Place of Death (If an Institution, state its name.) *Hornick 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 *16* day of *Sept* 188*4*, 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 seal of Doctor of Reporter.) *Frances Cunningham*

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>Cholera Infantum</i>	Duration of Disease in Years, Months, Days, or Hours: <b>7</b>
Consecutive and Contributing } <i>Constriction of the Brain</i>	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. J. Dolph M.D.*  
 Place of Burial *St. Mary's Church*  
 Date of Burial *Sept. 17 1884* Residence, *N.Y.*  
 Name and Residence of Undertaker *A. J. Lou*

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.



James Connor 62<sup>00</sup>

Patrick Haly 38<sup>00</sup>

Burchard 28<sup>00</sup>

Jerry Collins 57<sup>71</sup>

Ch. H. don 30<sup>00</sup>

Wm. & Aug. ay 18<sup>00</sup>

John Reidon 4<sup>00</sup>

John Reidon 76<sup>25</sup>-

John Lakin 10<sup>00</sup>

Geo. Brooks 6<sup>00</sup>

Marsh 14<sup>00</sup>

7625  
\$953.96



HOOZICK FALLS, N. Y.

Rising  
Rising  
9

5528  
1000  
7625

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.

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.

260

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Samuel Brennan
2. Age 6 years 1 months 2 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) Boosick Falls N.Y. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace John Brennan (State or Country) Ireland
7. Mother's Name and Birthplace Ellen Brennan (State or Country) "
8. Place of Death (If an Institution, state its name.) Boosick Falls. (How long resident here.) .....
9. Date and Hour of Death:—Died on the 15 day of Sept. 1884, 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.) John Brennan

11. I hereby certify, That I attended the deceased from Sept 7 1884 to Sept 15 1884, that I last saw her Sept 15 1884 that she died on the 15 day of Sept 1884, about 8 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>Acute Tubercular Meningitis</u>	Consecutive and Contributing } <u>Tubercular Diathesis</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 16 day of Sept 1884

No. of Burial Permit..... (Signature,) J. C. H. M. D.  
Place of Burial St. Ann's Ch.  
Date of Burial Sept 17 1884 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 Permit of Burial.

1887

Large rectangular area with faint, illegible handwriting, likely a signature or official stamp.

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.

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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
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 Rensselaer STATE OF NEW YORK.

CERTIFICATE OF DEATH.

In the Town (Village) City of Hosack Falls.

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

1880

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Emma Elizabeth Robinson
2. Age 7 years 12 months 12 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) Hosack Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Geo Robinson Greenwich (State or Country) N.Y.
7. Mother's Name and Birthplace Lucy Spencer Grafton (State or Country) N.Y.
8. Place of Death (If an Institution, state its name.) Hosack Falls (How long resided here.) (If dying away from home, give four States below.)
9. Date and Hour of Death:—Died on the 21 day of Sept. 1884, 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.) Geo H. Robinson, Hosack Falls, N.Y.

11. I hereby Certify, That I attended the deceased from Sept 20 1884, to Sept 21 1884, that I last saw her Sept 21 1884 that she died on the 21 day of Sept. 1884, about 8 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>Marasmus.</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 22 day of Sept 1884 W. B. Pugh M.D. (Signature)

No. of Burial Permit \_\_\_\_\_  
 Place of Burial Grafton Grove  
 Date of Burial Sept 22 1884 Residence, \_\_\_\_\_  
 Name and Residence of Undertaker Hawley & 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.

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.

**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.

RECORD  
OF  
DEATHS.

BY

W. Hains

From Sept 22, 1884

To Nov 3, 1884

No - 10 .

10 deaths

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



from Jan 1<sup>st</sup> to

Sept. 20. 3106.46

65.75

40.00

59.00

45.00

63.00

35.00

11.00

20.00

45.00

60.00

3566.21

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.....

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.) *Frank Dolan*
2. Age *24* 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 *Teamster*
5. Birthplace (and State or Country) *Johnsville NY* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *John Dolan Canada* (State or Country)
7. Mother's Name and Birthplace *Mary Ireland* (State or Country)
8. Place of Death (If an Institution, state its name.) *Horseshoe Falls* (How long resided here.) (If dying away from home, give Home Residence below.)
9. Date and Hour of Death:—Died on the *20* day of *Sept* 188*4*, 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.)

*John Dolan*

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 } *Pneumonia*  
*pulmonalis.*  
 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 *21* day of *Sept* 188*4*

(Signature,)

*W B Putnam*

No. of Burial Permit.....

Place of Burial *St Marys Church*

Date of Burial *Sept 22 1884*

Name and Residence of Undertaker *J J Dow*

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 inserted here by the Registrar.

6572

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.

## 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. 612, 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.

4000

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) John J. Meaney
2. Age 23 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 Teacher
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace — Meaney Ireland (State or Country.) —
7. Mother's Name and Birthplace Mary (State or Country.) —
8. Place of Death (If an Institution, state its name.) Hosnick Falls N.Y. (How long resided here.) — (If dying away from home, give their residence below.) —
9. Date and Hour of Death:—Died on the 1st day of Oct. 1884, 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.) Pat Tracy Hosnick Falls N.Y.

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>Phthisis Pulmonalis</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 1<sup>st</sup> day of Oct. 1884

No. of Burial Permit — (Signature,) N. B. Pufyan M.D.  
Place of Burial St. Mary Hosnick Falls Residence, H.F.  
Date of Burial Oct. 2 1884  
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.



"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 1880.

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 H. F.

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Geo W White
2. Age 66 years — — months — — days. Sex male 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.) New York (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Geo W White Mass (State or Country.)
7. Mother's Name and Birthplace Jessie Blackmer White (State or Country.) Mass
8. Place of Death (If an Institution, state its name.) Horick Falls N.Y. (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 4th day of Oct. 1884 at about 2.40 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.) Louis White H. F. N.Y.

11. I hereby certify, That I attended the deceased from July 31 1884 to Oct 9 1884 that I last saw him Oct 9 1884 that he died on the 4 day of Oct 1884 about 2.00 clock A M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Chief and Determining } Encephaloid tumor of the abdomen.

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 4 day of Oct. 1884

(Signature,) W. P. Putnam M.D.  
Residence, H. F.

No. of Burial Permit \_\_\_\_\_  
Place of Burial St. Ignace Cem.  
Date of Burial Oct. 4-84  
Name and Residence of Undertaker H. 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 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	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.....

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.

4500

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Annie Healy
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 last 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 :

<p>Chief and Determining } <u>Insane</u></p> <p>Consecutive and Contributing } <u>Brain Fever.</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..... day of..... 188 .

No. of Burial Permit..... (Signature)..... M. D.  
 Place of Burial Burial Home  
 Date of Burial Oct 8 Residence,.....  
 Name and Residence of Undertaker H. J. 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 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.....

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 2.

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

68<sup>th</sup>

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) James Barron.
2. Age 21 years 11 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 Machinist.
5. Birthplace (and State or Country.) Oct. (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. (if dying away from home, give Home Residence below.)
9. Date and Hour of Death:—Died on the Oct. day of 4 1884, 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.)

John Barron

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>Scrofula + 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 6 day of Oct 1884

No. of Burial Permit..... (Signature)..... M.D.  
 Place of Burial Mary's C.  
 Date of Burial Oct. Residence,.....  
 Name and Residence of Undertaker H. Mueller & 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.

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.

## 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 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.

509

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Anna Maria Connor
2. Age 17 years 11 months 11 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.) Horwich Falls. (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace John Connor. (State or Country).....
7. Mother's Name and Birthplace Anna M. (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..... day of..... 1884, 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:

Chief and Determining	<u>Phthisis Pulmonalis</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 10 day of Oct 1884

No. of Burial Permit..... (Signature) Putman M.D.  
Place of Burial Manis Co.  
Date of Burial Oct. 12, 1884 Residence,.....  
Name and Residence of Undertaker J. F. L.

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.

**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.....

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.

1100

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

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

Chief and Determining } Obstruction chills.

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 Hempstead, N.Y.  
Date of Burial Oct. 21-89  
Name and Residence of Undertaker H. Sen.

(Signature) A. M. Jennings, M.D.  
Residence, N.Y.

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.



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  

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.....

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.....

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

2570

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) *Esther St. My.*
2. Age *77* 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 *Housekeeper*
5. Birthplace (and State or Country) *Canada* (How long in the United States, if of foreign birth.) *45*
6. Father's Name and Birthplace *Baptiste Laburneau* (State or Country) *Canada*
7. Mother's Name and Birthplace *Esther* " " (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 *27* day of *Oct* 188*4*, 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.) *Frank Stuy.*

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>Apoplexy.</i>	Duration of Disease in Years, Months, Days, or Hours. <sup>†</sup>	6.
	Consecutive and Contributing		

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

Sanitary observations.....

Witness my hand this *27* day of *Aug* 188*4*

(Signature,) *W. F. Dolphin* M. D.

No. of Burial Permit  
 Place of Burial *St. Mary's Cem.*  
 Date of Burial *Oct. 28 - 1884.*  
 Name and Residence of Undertaker *H. W. Son.*

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.

**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	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.

County of.....

STATE OF NEW YORK.

Form 3.

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

450

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Stapleton
2. Age 878 years \_\_\_\_\_ months \_\_\_\_\_ days Sex Female (Name, if other than the Wife.)
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.) \_\_\_\_\_ (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.

(Residence 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 :

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

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

Sanitary observations.....

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

(Signature) J. A. Spencer M.D.

No. of Burial Permit \_\_\_\_\_  
 Place of Burial St. Mary's Church,  
 Date of Burial Oct. 27, 1884  
 (Name and Residence) of Undertaker H. H. Low.

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. 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.) Walter Bump
2. Age 24 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 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:

<p>Chief and Determining } <u>  Typhoid Fever  </u></p> <p>Consecutive and } <u>  </u></p> <p>Contributing } <u>  </u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>	Duration of Disease in				Years,	Months,	Days,	or Hours,†												
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)     
 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.

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

6000

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.



RECORD  
OF  
DEATHS.

BY

W. H. Hume

From Nov 11, 1884

To \_\_\_\_\_, 188 .

*Nov 11*  
*10 deaths*

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

From Jan 1<sup>st</sup> to  
Nov. 3. \$9566.21

35.00.

27.00.

65.00.

40.00.

80.00.

22.00.

40.00.

35.00.

50.00.

45.00.

\$3974.21



"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.....
- 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.

No. of corresponding Entry in Register Book, if Death to be inserted here by the Registrar.

3600

CERTIFICATE OF DEATH.

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Jessie Underhill
2. Age 52 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 Polisher
5. Birthplace (and State or Country.) Greenbush NY (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John Underhill (State or Country.)
7. Mother's Name and Birthplace Sarah (State or Country.)
8. Place of Death (If an Institution, state its name.) Horick Falls (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 Nov 1884, 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 Address of Reporter.)

H. J. 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:

Chief and Determining } <u>Phthisis Pulmonalis</u>	Consecutive and Contributing } <u> </u>	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 3 day of Nov, 1884

W. B. Putnam M.D. (Signature)

No. of Burial Permit    
 Place of Burial Maple Grove Cem  
 Date of Burial Nov 5 1884  
 Name and Residence of Undertaker H. J. Hoag

N.B. The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ACCEPTING or BRINGING 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. 512, Laws of 1880.



## 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.....
- 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.

2704

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Catherine O'Brien
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 Housemaid
5. Birthplace (and State or Country.) Ireland Galway. (How long in the United States, if of foreign birth.) 2 yrs.
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 resided here.) 2 yrs. (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 6 day of Nov. 1884, 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. 512, Laws of 1880.

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	Acute Phthisis	Duration of Disease in				* The duration of each Disease, when given, is reckoned from its commencement until death.
		Year.	Months.	Days.	or Hours.†	
Consecutive and Contributing	Asphyxia Insufficient Aeration of Blood.	1				

Sanitary observations.....

Witness my hand this 7 day of Nov. 1884 Wm G. Dolphin M.D.  
(Signature)

No. of Burial Permit.....  
Place of Burial St Mary's Cem.  
Date of Burial Nov. 9 1884  
Name and Residence of Undertaker.....  
Residence, Horsick Falls

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.

---

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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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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.

65,00

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Martin Carney.
2. Age 41 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 Carpenter
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.) Hooverick Falls (How long in the United States, if of foreign birth.) (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 12 day of Nov. 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 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>Typhoid Fever.</u>  Consecutive and } .....	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 13 day of Nov. 1887

No. of Burial Permit..... (Signature)..... M.D.  
 Place of Burial Marysville  
 Date of Burial Nov 14 1887 Residence,.....  
 Name and Residence of Undertaker B. J. Johnson

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. 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..... 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. 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.

2200

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

1. Full Name of Deceased (If an Infant, not parent, give parent's name.) Margaret Ann Lovell
2. Age 3 years 2 months 1 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) England (How long in the United States, if of foreign birth.) 2 yrs 7 mths
6. Father's Name and Birthplace Henry Lovell (State or Country) England
7. Mother's Name and Birthplace Emily Ann Pierce (State or Country)
8. Place of Death (If an Institution, state its name.) Hooksett Falls (How long resided here.) 22 (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 15 day of Nov, 1884 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.) Henry A Lovell

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>Scarlet Fever.</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 Good.

Witness my hand this 15 day of Nov 1884

No. of Burial Permit      (Signature) J. O. Hannon M.D.  
 Place of Burial Springdale Grove  
 Date of Burial Nov 17 1884 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.....

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.

5900

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Thos. Riden
2. Age 17 years    months    days Sex male Color (Race, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this line.) Single 4. Occupation Labourer
5. Birthplace (and State or Country) Pennant Mt. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Cornelius Riden (State or Country) Ireland
7. Mother's Name and Birthplace Ann (State or Country) "
8. Place of Death (If an Institution, state its name.) Assick Falls (How long resided here.) .....
9. Date and Hour of Death:—Died on the 17 day of Oct. Nov. 1889, at about 11.00 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 :

<p>Chief and Determining } <u>Typhoid Fever</u></p> <p>Consecutive and } .....</p> <p>Contributing } .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Duration of Disease in Years, Months, Days, or Hours.†</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Duration of Disease in Years, Months, Days, or Hours.†				
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 19 day of Nov. 1889

No. of Burial Permit.....  
Place of Burial St. Mary's Ch.  
Date of Burial Nov. 20th  
Name and Residence } of Undertaker H. T. Brown

(Signature,) J. C. Harmon M.D.  
Residence, N. Y.

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. 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..... 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 Registrar Book of Deaths to be inserted here by the Registrar.

4000

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Francis Morrison*
2. Age *21* years *9* 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 *Laborer*
5. Birthplace (and State or Country) *Bohnick Falls, (How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Victor Morrison (State or Country) Canada*
7. Mother's Name and Birthplace *Johanna Casak (State or Country)*
8. Place of Death (If an Institution, state its name.) (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 *Nov*, 188*4*, 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.) *Rose Morrison*

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

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 } <i>Tubercular</i>	Consecutive and Contributing } .....	Duration of Disease in	
		Years, Months, Days, or Hours,†	
Sanitary observations.....			

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

Witness my hand this *30* day of *Nov* 188*4*  
(Signature,) *M. J. Dolphus, M.D.*

No. of Burial Permit.....  
Place of Burial *St. Mary's*  
Date of Burial *Dec 12, 1884* Residence,.....  
Name and Residence of Undertaker *W. 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.

**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	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. 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.

4502

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Indian, not named, give parents' names.) Patrick Callahan.
  2. Age 59 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 Laborer.
  5. Birthplace (and State or Country) A. Warford, Ireland. (How long in the United States, if of foreign birth.) 25 yrs.
  6. Father's Name and Birthplace Timothy Callahan. (State or Country) Ireland
  7. Mother's Name and Birthplace Not known. (State or Country) .....
  8. Place of Death (If an Institution, state its name.) On I. & B. R. R. near Richmond, Va. (If dying away from home, give Home Residence below.)
  9. Date and Hour of Death:—Died on the 6 day of Dec. 1884, at about 2.45 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.) Timothy Callahan

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>Killed while walking from</u> <u>Hoac on I. &amp; B. R. R. track</u></p> <p>Consecutive and } <u>by 2.31 P. M. Train.</u></p> <p>Contributing } <u>  </u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>	Duration of Disease in				Years,	Months,	Days,	or Hours.												
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 Catholic Church, Remington

Date of Burial Dec. 8 - 1884 Residence, .....

Name and Residence of Undertaker H. F. 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.

**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.

1520

## REPORT OF DEATH

1. Full name of deceased } *Frank M. McLaughlin*

2. Age... *66 yrs*

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

4. Occupation... *Burner*

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

Color and Race, (if not white)

6. Father's Name and Birthplace... *not known*

*known* (State or Country)

7. Mother's Name and Birthplace... *not known*

*known* (State or Country)

8. Died at... *A. I.*

Resident here } 

Years	Mon.	Days

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

9. Date of Death... *Dec. 13-84*

10. Reported by.....

.....188.....

11. Chief cause of Death... *Apoplexy*

.....

Certified by... *Dolphin*

*Medical Attendant.*

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

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

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, (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. 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.

380

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mrs. Gibbons.
  2. Age 42 years \_\_\_\_\_ months \_\_\_\_\_ days, Sex female 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) Ireland, Co. Waterford. (How long in the United States, if of foreign birth.) 32 yrs.
  6. Father's Name and Birthplace James Gibbons (State or Country) Ireland.
  7. Mother's Name and Birthplace Hannah (State or Country) \_\_\_\_\_
  8. Place of Death (If an Institution, state its name.) Honick Falls, N.Y. (How long resident here.) 24 months (If not a resident here, give home residence below.)
  9. Date and Hour of Death:—Died on the 14 day of Dec. 1884, at about 8.15 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.) Honorat. Gibbons

11. I hereby certify, That I attended the deceased from Nov 28 1884 to Dec 14 1884, that I last saw him 1884 that he died on the 14 day of Dec. 1884, about 8 1/2 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 } <u>Diphtheritic Bronchitis</u>  Consecutive and Contributing } <u>Intemperance.</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 Not good home in a mud hole and surface water.

Witness my hand this 15 day of Dec 1884

No. of Burial Permit \_\_\_\_\_ (Signature,) S. C. Skinner M.D.  
 Place of Burial St Marys Ch. H. I.  
 Date of Burial Dec. 16 1884. Residence, H. I.  
 Name and Residence of Undertaker H. I.

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

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.

30/24

CERTIFICATE OF DEATH,

In the Town (Village) City of Hornick Falls

1. Full Name of Deceased (If an Infant, not named, give parents' names) Maria V. Carr
2. Age 23 years 10 months — days Sex female Color (Name, if other than the White)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation Dressmaker
5. Birthplace (and State or Country) Hornick Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Steven Carr (State or Country) Ireland
7. Mother's Name and Birthplace Anna Barry (State or Country) "
8. Place of Death (If an Institution, state its name.) Hornick Falls (How long resided here.) (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 19 day of Dec. 1884, 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.

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

(Signature and residence of Reporter.) Amos Carr

11. I hereby certify, That I attended the deceased from Oct 1884 to Dec 1884 that I last saw her Dec 14 1884 that she died on the 19 day of Dec 1884, about 11:30 clock A.M., and that to the best of my knowledge and belief the Cause of her death was as hereunder written :

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

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

Sanitary observations

Witness my hand this 20 day of Dec 1884

No. of Burial Permit \_\_\_\_\_ (Signature) W J Putnam  
 Place of Burial St Marys Church  
 Date of Burial Dec 20 1884 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.





Death

1884

RECORD  
OF  
DEATHS.

BY

Constance

From Dec. 20., 1884.

To \_\_\_\_\_, 188 .

*No 2 -*

*4 deaths*

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



Total. From Jan 1 - 84

To Dec 20 3974.21

44.00

27.00

30.00

56.00

\$ 4141.21

Total from  
Jan 1<sup>st</sup> 84 to  
Jan 1 - 85.

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.

Form 3.

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

4400

CERTIFICATE OF DEATH.

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) John G. Barck
2. Age 62 years 1 months 1 days. Sex male Color (Race, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this line.) .....
4. Occupation Miller
5. Birthplace (and State or Country) Bararia Europe (How long in the United States, if of foreign birth.) 35 yrs.
6. Father's Name and Birthplace John Barck (State or Country) Bararia
7. Mother's Name and Birthplace Mary (State or Country) .....
8. Place of Death (If an Institution, state its name.) W. Hoosick (How long res. least here.) 28 (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 23 day of Dec. 1884, 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.)

John H. Barck

11. I hereby Certify, That I attended the deceased from Nov 10 1884, to Dec 22 1884, that I last saw him Dec 22 1884 that he died on the 23 day of Dec 1884, about 3 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 } <u>Disease of Brain &amp; Nerves</u>	Consecutive and Contributing } <u>stroke and partial paralysis</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 Fair

Witness my hand this 24 day of Dec 1884

No. of Burial Permit..... (Signature,) H. K. McLean M.D.  
 Place of Burial Maple Grove Co  
 Date of Burial Dec. 24 1884 Residence, H. F.  
 Name and Residence of Undertaker H. C. Sen.

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	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 1890.

CERTIFICATE OF DEATH,

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

2700

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Bessie Gifford
2. Age 3 years 9 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 (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Frank Gifford (State or Country.)
7. Mother's Name and Birthplace Mrs. Wilcox (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 last residence below.)
9. Date and Hour of Death:—Died on the   day of   18 , 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   18 , to   18 , that I last saw   18  that   died on the   day of   18 , about   o'clock   M., and that to the best of my knowledge and belief the Cause of   death was as hereunder written :

Chief and Determining } Membranous Typhoid  
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   18 .

(Signature) Putman M.D.

No. of Burial Permit    
Place of Burial Proper grave  
Date of Burial Dec 21st  
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 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 2.  
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

3004

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Hannah Whalen
2. Age 16 years 9 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.) Horseshoe Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace John Whalen (State or Country) Ireland
7. Mother's Name and Birthplace Mary Jane (State or Country) "
8. Place of Death (If an Institution, state its name.) Horseshoe Falls (How long res. (State here.) (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the Dec day of 30 1884, at about 7.30 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.) Mary Jane Whalen

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>Consumption</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></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

† 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,) Hansen M.D.  
 Place of Burial St. Mary's  
 Date of Burial Jan 1 85 Residence,     
 Name and Residence of Undertaker H. 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 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 3.  
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

560

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Pat. Curran
2. Age 87 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.) County Sligo Ireland (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Edw Curran (State or Country) Iowa
7. Mother's Name and Birthplace..... (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 Residence below.)
9. Date and Hour of Death:—Died on the 30 day of Dec 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 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 :

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

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

Sanitary observations.....

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

(Signature,) Hannon M. D.

No. of Burial Permit.....  
 Place of Burial St. Mary's C  
 Date of Burial 30 Jan 1888 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.





130. deaths. from Jan 1-84  
Jan'y. 185-

RECORD  
OF  
DEATHS.

BY

Louis M. Hausler

From Jan 7, 1886.

To March 5, 1886.

*Book No. 1*

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



20.15

45.00

45.00

39.00

11.00

33.00

25.00

25.00

15.00

65.00

\$323.15 Total from Jan. 1st 85  
To March 5/85

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 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.

2015

In the Town (Village) City of

1. Full Name of Deceased (If an Infant, not named, give parents' names.) John Ryan
2. Age 93 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.) Co. Liffey, Ireland (How long in the United States, if of foreign birth.) 40 yrs
6. Father's Name and Birthplace (State or Country.) Tho Ryan Ireland
7. Mother's Name and Birthplace (State or Country.) Eliza Collins Ryan "
8. Place of Death (If an Institution, state its name.) Brook Falls (How long resided here.) 35 (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 3 day of Jan 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.) John Ryan

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	Acute Bronchitis	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 Bad.

Witness my hand this day of 1888.

No. of Burial Permit  
 Place of Burial St Marys  
 Date of Burial Jan 4 1888  
 Name and Residence of Undertaker J. Schaefer & Sons  
 (Signature) J. A. O'Hara M.D.  
 Residence 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 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.





## 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. 612, Laws of 1890.

County of.....

STATE OF NEW YORK.

Form 3.

CERTIFICATE OF DEATH,

In the Town (Village) City of Pittsford, Valley Falls.

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

4500

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Richard Potter.
2. Age 65 years 11 months — days. Sex — Color (Race, if other than the White.) —
3. Single, Married, Widowed (Cross out words not required in this line.) — 4. Occupation Millwright
5. Birthplace (and State or Country.) Berlington, Vermont (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.) Valley Falls. (How long resided here.) — (if dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 8<sup>th</sup> day of July, 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.) Warren J. Parsons.

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>Chronic Bright disease of the Kidneys</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.
	(Empty space for duration of disease)	

Sanitary observations.....

Witness my hand this 10 day of July, 1886 W. B. Hutton M.D. (Signature)

No. of Burial Permit —  
 Place of Burial Maple Grove Cem.  
 Date of Burial July 12 1886  
 Name and Residence of Undertaker H. L. Lou

Residence, Valley Falls, N.Y.

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.

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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.....

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.

3900

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Bathurine Ward.
2. Age 83 years \_\_\_\_\_ months \_\_\_\_\_ 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.) Ireland (How long in the United States, if of foreign birth.) 18 yrs.
6. Father's Name and Birthplace Daniel Ward (State or Country) Ireland
7. Mother's Name and Birthplace Bathurine (State or Country) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) No. Horvick. (How long resided here.) 18 yrs. (if dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 19 day of July, 1885, 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 Registrar.) Patrick Ward.

11. I hereby Certify, That I attended the deceased from \_\_\_\_\_ 1885, to \_\_\_\_\_ 1885, that I last saw h \_\_\_\_\_ 1885 that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 1885, 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>Old Age</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 20 day of July 1885

No. of Burial Permit \_\_\_\_\_ (Signature) Louise Asplow M.D.  
 Place of Burial St Mary's  
 Date of Burial July 21 1885 Residence, A 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.

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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
  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,

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

1100

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Mr. C. Joy.*
2. Age *25* years *1* months *1* days *Male* color (Same, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) Occupation *Fireman*
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 *Barny Joy* (State or Country.)
7. Mother's Name and Birthplace (State or Country.)
8. Place of Death (If an Institution, state its name.) *Leadville Col.* (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 *Jan'y* 188*5*, 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 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 } <i>Tonsilitis</i>  Consecutive and }  Contributing }	Duration of Disease in		† The duration of such Diseases, when given, is reckoned from the 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 *Maple Grove C.*  
 Date of Burial *Jan'y 28-85* Residence,.....  
 Name and Residence of Undertaker *T. J. Wilson*

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.



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 case.) .....
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..... 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. 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.) Margaret Ryan.
2. Age 18 years..... months..... days. Sex Female Color (Name, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this case.) .....
4. Occupation Housekeeper.
5. Birthplace (and State or Country.) Petersburgh, N.Y. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Patrick Ryan (State or Country) Ireland
7. Mother's Name and Birthplace Jane Shea (State or Country) .....
8. Place of Death (If an Institution, state its name.) Horsick Falls, N.Y. (How long res. (if dying away from home, give home residence below.) .....
9. Date and Hour of Death:—Died on the 30 day of Jan'y, 1885, 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.) John 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:

Chief and Determining } Pyemia  
 Consecutive and Contributing } per Autopsy held Feb'y 2/85

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 2 day of Feb'y 1885

No. of Burial Permit..... (Signature) P. H. Pendergast, M.D.  
 Place of Burial St. Mary, Horsick Falls.  
 Date of Burial Feb'y 2/85 Residence, 79 W. 2nd St. Troy.  
 Name and Residence of Undertaker J. J. Ryan

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

33.00



## 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
  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 \_\_\_\_\_  
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. 512, Laws of 1880.

County of \_\_\_\_\_ STATE OF NEW YORK.

CERTIFICATE OF DEATH,

In the Town (Village) City of \_\_\_\_\_

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

2600

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Susan Howard
2. Age 82 years 11 months 22 days Sex Female 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) Watertown (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace Curtis Hines (State or Country) NH
7. Mother's Name and Birthplace Polly Bennett (State or Country) NH
8. Place of Death (If an Institution, state its name.) Dr Hoosick (How long res. (How long res. absent here.) 17-23 (If going away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 30 day of July 1885, at about 4 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. J. M. Howard.

11. I hereby Certify, That I attended the deceased from \_\_\_\_\_ 1885, to \_\_\_\_\_ 1885, that I last saw him \_\_\_\_\_ 1885 that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 1885, 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>Chronic Diarrhea.</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 } <u>Old Age.</u>		

Sanitary observations Good.

Witness my hand this 30 day of July 1885 (Signature) W. E. Fox. M. D.

No. of Burial Permit \_\_\_\_\_  
 Place of Burial Watertown  
 Date of Burial July 1 1885  
 Name and Residence of Undertaker H. New.  
 Residence, Dr Hoosick.

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

2500

In the Town (Village) City of

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Heenan
2. Age 79 years — months — 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) Ireland (How long in the United States, if of foreign birth.) 12 yrs.
6. Father's Name and Birthplace Dennis Sullivan (State or Country) Ireland
7. Mother's Name and Birthplace
8. Place of Death (If an Institution, state its name.) Horsick Falls, N.Y. (How long resided here.) 12 yrs. (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 16 day of July, 1885, 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.) Jas. Hayes

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>Old Age</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 16 day of July 1885

No. of Burial Permit  
Place of Burial St. Mary's C.  
Date of Burial July 18 1885  
Name and Residence of Undertaker H. L. ...

(Signature) A. L. ... M.D.  
Residence, H. L. ...

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) .....
  6. Color and Race, (If not white).....
  7. Father'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.....

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.

15 =

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary O'Brien
2. Age 15 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.) Horsick Falls..... (How long res. here.) 4..... (If dying away from home, give home address below.).....
9. Date and Hour of Death:—Died on the 27 day of July 1884, at about 7:30 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 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>Eclampsia</u>	Duration of Disease in Years, Months, Days, or Hours.†	† The duration of each Disease, when given, is reckoned from its commencement until death.
	<u>36 hours</u>	
Consecutive and Contributing } <u>Compression of Brain</u>		

Sanitary observations.....

Witness my hand this 27 day of July 1884.....

No. of Burial Permit..... (Signature) W. F. Dolphin M.D.  
 Place of Burial St. Mary's Co.  
 Date of Burial July 28 - 1885  
 Residence H F  
 Name and Residence of Undertaker H. 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 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.

865-00

## REPORT OF DEATH

1. Full name of deceased } *Kate Flinton*

2. Age..... *17-4-1880*

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..... *Mr*

..... *Brooklyn* (State or Country)

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

..... *Ms Gaffney* (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..... *March 2*

10. Reported by..... *Mr Crabbin*

..... *March 3* 188*0*

11. Chief cause of Death..... *Consumption*

Certified by..... *Harrison*  
*Harrison*  
 Medical Attendant.

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

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.

65.-  
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45.-  
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11.-  
33.-  
25.-  
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323,15'



RECORD  
OF  
DEATHS.

BY

---

From March 5, 1885.

To March 24, 1885.

*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
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 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.

22

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

1. Full Name of Deceased (If an Infant, not named, give "Infant's" name.) John Campbell Reilly
2. Age 9 years 21 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.) Horseshoe Falls N.Y. (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace Hugh A Reilly (State or Country.) Ireland
7. Mother's Name and Birthplace Theresa F. Campbell (State or Country.) N.Y.
8. Place of Death (If an Institution, state its name.) Horseshoe Falls (How long resided here.) \_\_\_\_\_ (If dying away from Home, give Home Residence below)
9. Date and Hour of Death:—Died on the 4th day of March, 1885, at about 12 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.) Hugh A Reilly

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>Spasmodic Croup</u> Consecutive and } <u>Asphyxia</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 5 day of Mar, 1885

No. of Burial Permit \_\_\_\_\_ (Signature,) M. O. Dolphin M.D.  
 Place of Burial at Mary's  
 Date of Burial March 6 - 1885 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 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. 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.

Form 3.

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

500

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Minie E. Carr
2. Age 26 years 7 months 7 days Sex Female Color White
3. Single, Married, Widowed (Cross out words not required in this line.) Single
4. Occupation School Teacher
5. Birthplace Hoosick Falls, N.Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Steven Carr, Ireland (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 31 day of March, 1885, at about 4. 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.) Ambrose Carr

11. I hereby certify, That I attended the deceased from 1883 to 1885, that I last saw him 1885 that died on the 31 day of March, 1885, about 4 o'clock A. M., and that to the best of my knowledge and belief the Cause of his 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	Hours	
<u>Consumption</u>					
Consecutive and Contributing					

Sanitary observations

Witness my hand this 10 day of March, 1885

No. of Burial Permit \_\_\_\_\_  
 Place of Burial St Mary's  
 Date of Burial March 1  
 Residence of Undertaker Hamilin & Son  
 Signature: Pulman M.D.

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.

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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.....

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.

2000

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Geoffroy Robinson
2. Age 1 years 11 months 8 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) Hoosick Falls N.Y. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Geo. H. Robinson (State or Country) Greenwich
7. Mother's Name and Birthplace Mary A. Robinson (State or Country) Hoosick Falls N.Y.
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 15 day of March, 1885 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.

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

(Signature and residence of Reporter.) Geo. H. Robinson H.F.

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>Capillary 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.....

Witness my hand this 19 day of March 1885 (Signature,) W. B. Pappan M.D.

No. of Burial Permit.....  
Place of Burial Apple Grove  
Date of Burial March 20 1885  
Residence, H. Falls  
Name and Residence of Undertaker W. B. Pappan

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.

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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 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.) Henry Kellian
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 Laborer
5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.) 14 Mts.
6. Father's Name and Birthplace Thos Kellian (State or Country) Ireland
7. Mother's Name and Birthplace Mary (State or Country) I.
8. Place of Death (If an Institution, state its name.) Loosick Falls (How long resided here.) 6 Mts. (If dying away from Home, give date Residence below.)
9. Date and Hour of Death:—Died on the 6 day of Mar, 1885, 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.) Thomas Kellian

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>  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 12 day of Mar 1885, Thos J. Decker M.D. (Signature)

No. of Burial Permit \_\_\_\_\_  
 Place of Burial along with St. Jos  
 Date of Burial Mar 15 1885 Residence, H. J.  
 Name and Residence of Undertaker 168 So 7a

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.

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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
- 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 1880.

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

CERTIFICATE OF DEATH,

In the Town (Village) City of Hoosick

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

11500

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Julia Cottarat
2. Age 63 years 0 months 0 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.) Shaftsbury (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Suppley Buck (State or Country.) Vermont
7. Mother's Name and Birthplace Plutey Buck (State or Country.)
8. Place of Death (If an Institution, state its name.) (How long resident here.) (If dying away from home, give floor address below.)
9. Date and Hour of Death:—Died on the 15 day of March 1885, at about 7.10 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 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>Cancer of the Stomach.</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 15 day of March 1885.

No. of Burial Permit \_\_\_\_\_ (Signature) W. J. Jernings M.D.  
 Place of Burial Shaftsbury  
 Date of Burial March 19 Residence, \_\_\_\_\_  
 Name and Residence of Undertaker 1885

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.

90211

## REPORT OF A DEATH.

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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, (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.

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

Form 2.

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

600

CERTIFICATE OF DEATH,

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 Indian, not named, give parents' names.) Infant Mary Martin
2. Age..... years 4 months 1 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.) Hopkicket Falls (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace Jos Martin (State or Country) N.Y.
7. Mother's Name and Birthplace Mary (State or Country) "
8. Place of Death (If an Institution, state its name.) Hopkicket 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 March 1884 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.) Jos Martin

Certified by the Physician and according to Sect. 1, Chap. 512, 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 } <u>Physician</u> <u>Lardy Labour</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 18 day of March 1884 :

No. of Burial Permit..... (Signature,) Chas. J. Dolph M.D.  
 Place of Burial Pharos  
 Date of Burial March 18 1884 Residence,.....  
 Name and Residence of Undertaker J. J. Law

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.....

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.

CERTIFICATE OF DEATH,

5100

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.) Mary Dwyer
2. Age 52 years   months   days. Sex   Color (Same, 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.) (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 18 day of March 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.)

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

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>	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,) Spencer M.D.  
Place of Burial St Mary's Church  
Date of Burial March 20 1888 Residence,.....  
Name and Residence of Undertaker H. Allen

## REPORT OF A DEATH.

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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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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 "Certificate" 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. 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.

9200

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Ellen Francis Carr.
2. Age 18 years 17 months 17 days Sex Female Color (Name, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation Shirt maker.
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.) Hosick Falls. (How long resided here.) .....
9. Date and Hour of Death:—Died on the 19 day of March, 1883, 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 Determining } <u>Consumption</u>  Consecutive and Contributing } .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Duration of Disease in</th> </tr> <tr> <th style="text-align: center;">Years,</th> <th style="text-align: center;">Months,</th> <th style="text-align: center;">Days,</th> <th style="text-align: center;">or Hours.</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Duration of Disease in				Years,	Months,	Days,	or Hours.												
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 19 day of March, 1883

No. of Burial Permit.....  
 Place of Burial St Marys Cem.  
 Date of Burial March 20 1883  
 Name and Residence of Undertaker Alfred W.

(Signature) J. C. Harwell M.D.  
 Residence, N. Y.

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. Color and Race
7. Father's Name and Birthplace
8. Mother's Name and Birthplace
9. Died at
10. Resident here
11. Date of Death
12. Reported by
13. 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 1890.

County of STATE OF NEW YORK.

Form 3.

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

100

CERTIFICATE OF DEATH.

In the Town (Village) City of Wm Beckett

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Wm Beckett
2. Age 63 years 3 months 3 days Sex M Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.)
4. Occupation Gentleman
5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.) 28 yrs
6. Father's Name and Birthplace Wm Beckett (State or Country) Ireland
7. Mother's Name and Birthplace Mary (State or Country) "
8. Place of Death (If an Institution, state its name.) Adirick Falls (How long resided here.) 16 yrs (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 20th day of March 1885, at about 11<sup>15</sup> 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.) Wm Beckett

11. I Hereby Certify, That I attended the deceased from 188 to 188, that I last saw him 188 that 188 died on the 20th day of March 1885, about 11<sup>15</sup> o'clock A.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,†			

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

Sanitary observations

Witness my hand this 20th day of March 1885.

No. of Burial Permit \_\_\_\_\_ (Signature,) \_\_\_\_\_ M.D.  
 Place of Burial Maple Grove  
 Date of Burial March 22 Residence, \_\_\_\_\_  
 Name and Residence of Undertaker H. Sun

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. 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 2.  
 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.) *Still born infant of James + Bridget*
2. Age..... years..... months..... days. Sex..... Color (Race, if other than the White.) *Rusky*
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 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 }	<i>Still birth due to pelvic deformity of mother</i>		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 *St Mary's Church*  
 Date of Burial *March 24/85*  
 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.

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.

## 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.



2 2,00  
50,00  
20 00  
60 00  
115 00  
6 00  
50,00  
32 00  
100 00  
4,00

\$457.00 Total from March 5<sup>th</sup>  
March 24 - 1885,

RECORD  
OF  
DEATHS.

BY

Louis Hamme

From March 24, 1885.

To Apr. 15, 188 .

Book No 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, 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.....

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.....

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

950

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Child of Opente
2. Age..... years..... months..... 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.)..... (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.

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 }

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) Shaw 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 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. 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.

4800

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Mar. Kirwin
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 list.) \_\_\_\_\_ 4. Occupation Housekeeper
5. Birthplace (and State or Country) Wilmington (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace Pat. Hogan (State or Country) Ireland
7. Mother's Name and Birthplace Ellen Grancy (State or Country) "
8. Place of Death (If an Institution, state the 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 26 day of March, 1885, 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 hereby Certify, That I attended the deceased from \_\_\_\_\_ 1885, to \_\_\_\_\_ 1885, that I last saw him \_\_\_\_\_ 1885 that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 1885, 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 } Old Age

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 \_\_\_\_\_ 1885.

No. of Burial Permit \_\_\_\_\_ (Signature) \_\_\_\_\_ M. D.  
Place of Burial St. Mary's Vault  
Date of Burial March 29 Residence, \_\_\_\_\_  
Name and Residence of Undertaker H. H. Kirwin

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.

ed 19,

## 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	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. 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.

9309

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Ellen Tucker.
2. Age 30. years — months — 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) Ireland (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace McDermont (State or Country) Ireland
7. Mother's Name and Birthplace..... (State or Country).....
8. Place of Death (If an Institution, state its name.) Horicon Falls, N.Y. (How long resident here.) .....
9. Date and Hour of Death:—Died on the 27 day of March 1885, 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 Registrar.) Pat Tucker

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>Puerperal Fever.</u>	Duration of Disease in Years, Months, Days, or Hours.† <u>2. 12.</u>
Consecutive and Contributing } .....	.....

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

Sanitary observations.....

Witness my hand this 27 day of March 1885. (Signature) M. D. P. DeGhkin M. D.

No. of Burial Permit.....  
 Place of Burial St. Mary's Church, Van Hook, N.Y.  
 Date of Burial March 29  
 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.

☞ 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 to 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.

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.

4260

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Bridget Welch.
  2. Age 24 years \_\_\_\_\_ months \_\_\_\_\_ days. Sex \_\_\_\_\_ Color (Race, if other than the White.) \_\_\_\_\_
  3. ~~Single~~ <sup>Married</sup> Married, Widowed (Cross out words not required to this line.) 4. Occupation Housekeeper
  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.) \_\_\_\_\_ (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.

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.

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 } _____</p> <p>Consecutive and } _____</p> <p>Contributing } _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Duration of Disease in</th> </tr> <tr> <th>Years,</th> <th>Months, Days, or Hours.†</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Duration of Disease in		Years,	Months, Days, or Hours.†						
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 St. Mary's  
 Date of Burial July 28 1884  
 Name and Residence of Undertaker 76 4th St. N.Y.C.

(Signature) Dolphin 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.

Ⓔ 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
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

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.

1800

In the Town (Village) City of

1. Full Name of Deceased *John Burke*
2. Age *75* 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 *St. Pouldal Mass*
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.

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	<i>Dropped Dead,</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 \_\_\_\_\_ day of \_\_\_\_\_ 1883.

No. of Burial Permit \_\_\_\_\_ (Signature) \_\_\_\_\_ M. D.  
 Place of Burial *St. Mary's*  
 Date of Burial *Apr 2 1883*  
 Name and Residence of Undertaker *H. T. Sun*

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.

**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	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. 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.) .....
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.

*Larnon*

(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 } .....

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.....

Date of Burial..... Resident,.....

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 8.  
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.  
3500

## 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.

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.  
85.75

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Richard Lurner.
2. Age 70 years 11 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) Lancashire England (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace John Lurner. (State or Country) England
7. Mother's Name and Birthplace — (State or Country) —
8. Place of Death (If an Institution, state its name.) Hoosick Falls. (How long resided here.) 2 1/2 (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 3. day of Apr. 1885, at about 12-4 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.) John Lurner.

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 } Age and non assimilation

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 4 day of Apr. 1885

No. of Burial Permit — (Signature,) A. Skinner M.D.  
 Place of Burial St. Mary's Church.  
 Date of Burial Apr. 5, 1885 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.

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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.

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.

45-00

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Elizabeth Bradley
2. Age 60 years 4 months 7 days Sex..... Color (If other than the White.).....
3. Single, Married, Widowed (Cross out words not required in this line.) Occupation.....
5. Birthplace (and State or Country.) Greenville (How long in the United States, if of foreign birth.) 7 yrs
6. Father's Name and Birthplace John Clark (State or Country) Britain
7. Mother's Name and Birthplace Elden Barber (State or Country) "
8. Place of Death (If an Institution, state its name.) Walloonssee (How long resided here.) 7 yrs (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 3 day of April, 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.)

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>Pneumonitis.</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 4 day of Apr, 1886

No. of Burial Permit..... (Signature,) F. J. H. M.D.  
 Place of Burial St Ann's  
 Date of Burial Apr 5 1886  
 Name and Residence of Undertaker H. J. ... Residence, Or 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.

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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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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 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.

2805

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Barry J. Church
2. Age 23 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.) W. Rensselaer (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace W. H. Church (State or Country.) \_\_\_\_\_
7. Mother's Name and Birthplace \_\_\_\_\_ (State or Country.) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) Eagle Bridge (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 Apr 1885, 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 Registrar.) E. C. Ruddle

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>Convulsions followed by Coma.</u>	Duration of Disease in Years, Months, Days, or Hours.	<u>12.</u>
		The duration of each Disease, when given, is reckoned from its commencement until death.	
Consecutive and Contributing	<u>Was confined on 29-1885</u> <u>Appeared well till night before</u>		

Sanitary observations Not Good.

Witness my hand this 10 day of Apr 1885

No. of Burial Permit \_\_\_\_\_ (Signature) R. J. Smith M.D.  
 Place of Burial \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Name and Residence of Undertaker Hausler & Son, Hoosick Falls, N.Y. Residence, Eagle Bridge

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	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. 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.

602

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Duffee
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.) \_\_\_\_\_ 4. Occupation \_\_\_\_\_
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) Ireland
6. Father's Name and Birthplace Wm Madden (State or Country) "
7. Mother's Name and Birthplace Bridget Madden (State or Country) "
8. Place of Death (If an Institution, state its name.) Hobbsick (How long resident here.) \_\_\_\_\_ (If dying away from Home, give Home Address below.) \_\_\_\_\_
9. Date and Hour of Death:—Died on the 12 day of Sept 1885, 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.) M. Duffee

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>Emphysema of Lungs with Laryngitis.</u> Consecutive and } _____ Contributing } _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Duration of Disease in				Years,	Months,	Days,	or Hours.								
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 13 day of Jan 1885

No. of Burial Permit \_\_\_\_\_ (Signature) W. E. Fulman M.D.  
 Place of Burial St. Mary's  
 Date of Burial Apr 15 85 Residence, Horosac  
 Name and Residence of Undertaker H. H. D.

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.

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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.

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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.

63.00

28.00

45.00

80.75

42.00

18.00

5.00

3.50

83.00

43.00

340.25

5

Total from March  
To Apr 15 7<sup>24</sup>  
85-

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RECORD  
OF  
DEATHS.

BY

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From Apr 15, 1885.

To May 1, 1885.

*B. A. D. No. 4.*

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, 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..... 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.

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

CERTIFICATE OF DEATH,

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

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

2000

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Jackson
2. Age 80 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 Not known (State or Country) —
7. Mother's Name and Birthplace Alice Ferris (State or Country) Ireland
8. Place of Death (If an Institution, state its name.) Hornick Falls (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 Apr. 1885, 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.) Alice McPhillit

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>Degeneration of Lungis.</u>	Consecutive and Contributing } <u>Marasmus.</u>	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 10 day of Apr 1885

(Signature, Dolphin M.D.)

No. of Burial Permit —  
Place of Burial Maple Grove  
Date of Burial Apr 17 - 1885  
Name and Residence of Undertaker H. J. ...

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 } .....
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.

20

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:

<p>Chief and Determining } .....</p> <p>Consecutive and Contributing } .....</p>	<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> </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> </tbody> </table>	Duration of Disease in				Years	Months	Days	or Hours.†																
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.....  
Date of Burial..... Resident,.....  
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.

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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.

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**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. 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

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.

County of .....

STATE OF NEW YORK.

Form 3.

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

5375

CERTIFICATE OF DEATH.

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Cornelius Rodgers
2. Age 64 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.) Leblaire Greenland (How long in the United States, if of foreign birth.) 35
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.) White Creek (How long resided here.) 91 (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 14 day of Apr 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.) Edw Rodgers

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>Apoplexy</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 } <u>—</u>			
	Consecutive and Contributing } <u>—</u>			

Sanitary observations —

Witness my hand this 14 day of Apr 1886

No. of Burial Permit —  
 Place of Burial St Mary's H. F.  
 Date of Burial Apr 16 - 86  
 Name and Residence of Undertaker H. J. ...

(Signature,) Gibson Turner M.D.  
 Residence, White Creek

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.

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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.

**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. Color and Race
7. Father's Name and Birthplace
8. Mother's Name and Birthplace
9. Died at
10. 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.

CERTIFICATE OF DEATH,

In the Town (Village) City of

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Infant of John & Mary Ann Cookley*
2. Age *15* years *0* months *0* days Sex *Male* Color *White*
3. Single, Married, Widowed *Single* 4. Occupation
5. Birthplace (and State or Country.) *Germany* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *John Cookley* (State or Country) *Germany*
7. Mother's Name and Birthplace *Mary Ann Carey* (State or Country) *Ireland*
8. Place of Death (If an Institution, state its name.) (If dying away from home, give home residence below.)
9. Date and Hour of Death:—Died on the *15* day of *April* 188*5*, 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 *1885* to *1885*, that I last saw him *1885* that *died* on the *15* day of *April* 188*5*, about *12* 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>Stillborn</i> 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 *15* day of *April* 188*5* (Signature) *Hewett* M.D.

No. of Burial Permit  
 Place of Burial *at Mary's*  
 Date of Burial *April 15*  
 Name and Residence of Undertaker *J. 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.

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.

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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.

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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. 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.

2209

CERTIFICATE OF DEATH.

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Otto Miller
2. Age 11 years 11 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 (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace Hubert Miller (State or Country.) Germany
7. Mother's Name and Birthplace Hanna (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 20 day of April 1883, 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.) Hubert Miller

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>Bronchitis &amp; Convulsions</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.
	<u>— 11 —</u>	
	<u>—</u>	

Sanitary observations.....

Witness my hand this 21 day of Apr 1883.

No. of Burial Permit — (Signature,) Dolphin M.D.  
 Place of Burial St Mary's Church  
 Date of Burial Apr 27 1883 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.

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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.

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**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 (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 (Years, Mos., Days) (How long in the United States, if of foreign birth.)
  10. Date of Death
  11. Reported by
  12. Chief cause of Death
- Certified by \_\_\_\_\_  
Medical Attendant.
- 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.

9000

In the Town (Village) City of \_\_\_\_\_

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Michael Joyce
2. Age 18 years 11 months 2 days Sex Male Color (Name, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.)
4. Occupation Driver
5. Birthplace (and State or Country) Rosnick (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 22 day of Apr 1885, 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 real name of Registrar.)

11. I Herely Certify, That I attended the deceased from \_\_\_\_\_ 1885, to \_\_\_\_\_ 1885, that I last saw h \_\_\_\_\_ 1885 that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 1885, 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>Renal 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 \_\_\_\_\_

Witness my hand this 23 day of Apr 1885.

No. of Burial Permit \_\_\_\_\_ (Signature) Dolphin M.D.  
 Place of Burial St Marys  
 Date of Burial Apr 24/85 Residence \_\_\_\_\_  
 Name and Residence of Undertaker L. Danielson

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. 512, Laws of 1880.

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.

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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.

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**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.

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.) Mrs. Sheridan
2. Age 76 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 Carrage Maker
5. Birthplace (and State or Country) Ireland (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Syrrance Sheridan (State or Country) Ireland
7. Mother's Name and Birthplace Margaret Sheridan (State or Country) "
8. Place of Death (If an Institution, state its name.) Troy Hospital (How long resident here.) (If dying away from home, give place where dying.)
9. Date and Hour of Death:—Died on the 23 day of Apr. 1885, at about 7.30 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 Registrar.)

Mr. John Cahill

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

Fracture of Femur,

Consecutive and

Shock and old age

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 23 day of Apr 1885

(Signature,)

J. O. Common M.D.

No. of Burial Permit

Place of Burial

Date of Burial

Name and Residence of Undertaker

St. Mary's An.  
Apr 24 185  
Hessler & Son, Housatonic Falls

Residence,

Troy, N.Y.

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 8.

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

100 00

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

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

## 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. Color and Race, (if not white).....
7. Father's Name and Birthplace..... (State or Country) .....
8. Died at.....
9. Resident here { 

Years	Mo.	Days

 (How long in the United States, if of foreign birth.) .....
10. Date of Death.....
11. Reported by..... 188.....
12. 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. 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.

203

- In the Town (Village) City of..... *W. N. J. Tomilson*
1. Full Name of Deceased (If an Infant, not named, give parents' names.) .....
  2. Age..... years *8* 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.....
  5. Birthplace (and State or Country.) *Hoosick Falls, N.Y.* (How long in the United States, if of foreign birth.) .....
  6. Father's Name and Birthplace *Wm. Tomilson* (State or Country) *N.Y.* .....
  7. Mother's Name and Birthplace *Ida Tomilson* (State or Country) *N.Y.* .....
  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 *20* day of *April* 188*0*, 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.) *W. N. J. Tomilson* .....

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:

<p>Chief and Determining } <i>Capillary Bronchitis</i> <i>following Chickpox.</i></p> <p>Consecutive and } .....</p> <p>Contributing } .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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.†														

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

Sanitary observations.....

Witness my hand this *20* day of *Apr.* 188*0* *W. B. Putnam* N. D. (Signature)

No. of Burial Permit.....

Place of Burial *Hoosick Falls, N.Y.*

Date of Burial *April 20-1880*

Name and Residence of Undertaker *Hansler & Son, Hoosick Falls, N.Y.*

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.

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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 "Certificate" 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.....

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.

5800

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Wm. J. Murphy
2. Age 30 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 Laborter
5. Birthplace (and State or Country.) N.Y. City, N.Y. (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace John J. Murphy (State or Country.) Ireland
7. Mother's Name and Birthplace Ellen Murphy (State or Country.) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) Hosack Hall (How long res. (State or Country.) \_\_\_\_\_ (If dying away from Home, give Home Residence below.) \_\_\_\_\_)
9. Date and Hour of Death:—Died on the 26 day of Apr. 1885, 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.) W. J. Murphy

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>Phthisis Pulmonalis</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 27 day of Apr. 1885 W. J. Putnam M.D. (Signature.)

No. of Burial Permit \_\_\_\_\_  
Place of Burial St. Mary's  
Date of Burial Apr 28 1885  
Name and Residence of Undertaker W. J. Putnam

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.

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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.

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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. 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.

2525

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Finity Hayes
2. Age 9 years 19 months 19 days. Sex M Color (Race, if other than the White.) .....
3. Single, Married, Widowed (Cross out words and write in this line.) .....
4. Occupation.....
5. Birthplace (and State or Country.) Roswell, Fla. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace David Hayes Greenwich
7. Mother's Name and Birthplace Margaret P. Jackson N.Y.
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 30 day of Apr., 1885, 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.) David Hayes

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>Convulsions from interruption</u> <u>of the neural rash complicated</u> Consecutive and } <u>with Bronchial Catarrh</u> Contributing } <u>tubercle &amp;c.</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 Good

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

No. of Burial Permit.....  
 Place of Burial St. Mary  
 Date of Burial 3 May  
 Name and Residence of Undertaker H. J. ...

(Signature,) Hanno 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.

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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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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.

23 25  
1 50 00  
55 00  
20 00  
22 00  
40 00  
90 00  
39 75  
20 00  
20 00  

---

449 00

Total from  
Apr. 15 - to May 12



RECORD  
OF  
DEATHS.

BY

L. H.

From May 5, 1885.

To May 25, 1885.

*Book No. 5.*

*16 deaths recorded in this Book.*  
*L. H.*

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
- 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.

STATE OF NEW YORK.

Form 8.

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

482200

CERTIFICATE OF DEATH,

In the Town (Village) City of

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Margaret Graney
2. Age 18 years 11 months — days. Sex F. Color White
3. Single, Married, Widowed (Cross out words not required in this line.)
4. Occupation
5. Birthplace (and State or Country.) Horsene Fall (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Pat Graney (State or Country.) Ireland
7. Mother's Name and Birthplace John (State or Country.)
8. Place of Death (If an Institution, state its name.) Horsene Fall (How long resided here.) (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 5 day of May, 1885, 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.

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

(Signature and Residence of Reporter.)

Pat Graney

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 Pulmonalis</u>	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing	<u>Unknown</u>	

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

Sanitary observations Good

Witness my hand this 6 day of May, 1885.

No. of Burial Permit \_\_\_\_\_ (Signature) J. B. Harmon M.D.  
Place of Burial May St Church  
Date of Burial \_\_\_\_\_ Residence, \_\_\_\_\_  
Name and Residence of Undertaker H. H. Hunt

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.

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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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**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	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. 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.

7350

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

1. Full Name of Deceased (If an Infant, not named, give parents' names) Edgar Welch
2. Age 70 years 9 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 Blacksmith
5. Birthplace (and State or Country) Poultice, N.Y. (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Ignat. Welch (State or Country) N.Y.
7. Mother's Name and Birthplace Margaret Milliman (State or Country) N.Y.
8. Place of Death (If an Institution, state its name.) N.Y. (How long resided here.) .....
9. Date and Hour of Death:—Died on the 7 day of May 1885, 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) Edgar Welch N.Y.

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 } <u>Hyper trophy of the Heart</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—.

(Signature) J. C. Wood M.D.  
Residence, Poultice

No. of Burial Permit —  
 Place of Burial Waste ground  
 Date of Burial May 7, 1885  
 Name and Residence of Undertaker L. J. Lou.

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.

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**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
  - 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
- 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 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.

\$12.00

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Ann Tierney
2. Age 1 years 2 months 7 days Sex F. Color (Race, if other than the White)
3. Single, Married, Widowed, Widowed (Cross out words not required in this line.) 4. Occupation
5. Birthplace (and State or Country) Harrisville N.Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Dan Tierney (State or Country) Ireland
7. Mother's Name and Birthplace Anna Tierney (State or Country) "
8. Place of Death (If an Institution, state its name.) Harrisville 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 May, 1885, 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.) Dan Tierney

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 Inflammation of</u> <u>Lungs Convulsions.</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 15 day of May 1885

No. of Burial Permit \_\_\_\_\_ (Signature) Dolphin M.D.  
 Place of Burial Mary's Care  
 Date of Burial May 16 1885 Resident, \_\_\_\_\_  
 Name and Residence of Undertaker 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.

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.

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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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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.....
  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. 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.) *John Quirk*
2. Age *43* 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 *shirt maker*
5. Birthplace (and State or Country) *Ireland* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Daniel Quirk* (State or Country) *Ireland*
7. Mother's Name and Birthplace *Margaret* (State or Country) *"*
8. Place of Death (If an Institution, state its name.) *Hotel* (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 *May*, 1885, 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 real name of Reporter.)

*John Hayes*

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>Diabetes</i>			
	Years	Months	Days	Hours
Consecutive and Contributing				
	Years	Months	Days	Hours

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

Sanitary observations.....

Witness my hand this *19* day of *May*, 1885.

No. of Burial Permit.....

Place of Burial *St Mary's Ann.*

Date of Burial *May 19 - 1885*

Name and Residence of Undertaker *W. J. Peterson*

(Signature) *J. C. Harmon* M.D.

Residence *H. F.*

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.  
*35 45*

## REPORT OF A DEATH.

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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.

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**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	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.....

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 Eagle Bridge

Form 3.  
No. of corresponding Entry in Register Book of Deaths to be inscribed here by the Registrar.  
**9500**

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Leese Russell
2. Age 65 years   months   days Sex Male 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.) Harriet, Penn. U.S.A. (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.) Eagle Bridge (How long resident here.) .....
9. Date and Hour of Death:—Died on the 17 day of May 1885, at about 12 1 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. R. 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:

Chief and Determining } <u>Heart Disease</u>	Duration of Disease in Years, Months, Days, or Hours.†		† The duration of each disease, when given, is reckoned from its commencement until death.
	2.		
Consecutive and Contributing } <u>General Debility</u>			

Sanitary observations Fair

Witness my hand this 17 day of May 1885 (Signature) R. J. Smith M.D.

No. of Burial Permit.....  
Place of Burial Eagle Bridge  
Date of Burial May 19 1885  
Name and Residence of Undertaker.....  
Residence, S. P. N.Y.

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.

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

2200

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *L.M. Murphy*
2. Age..... years *6* months *6* days. Sex *M.* 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) *Horsick Falls* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Martin Murphy* (State or Country) *Ruskius*
7. Mother's Name and Birthplace *Mary E. Wick* (State or Country) *Petersburg*
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 *20* day of *May*, 188*5*, 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.) *Martin Murphy*

11. I Herewith Certify, That I attended the deceased from..... 188*5*, to..... 188*5*, that I last saw him..... 188*5* that..... died on the..... day of..... 188*5*, 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>Membranous Croup.</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 *Good*

Witness my hand this *24* day of *May* 188*5*

No. of Burial Permit.....  
 Place of Burial *Mary's*  
 Date of Burial *May 22 - 85*  
 Name and Residence of Undertaker *H. H.*  
 (Signature,) *Lennon* M.D.

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.

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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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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, (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 inscribed here by the Registrar.

54100

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Sarah Rodgers
2. Age 20 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.) England (How long in the United States, if of foreign birth.) \_\_\_\_\_
6. Father's Name and Birthplace Hawkins (State or Country) England
7. Mother's Name and Birthplace \_\_\_\_\_ (State or Country) \_\_\_\_\_
8. Place of Death (If an Institution, state its name.) Horsick (How long resided here.) \_\_\_\_\_ (if dying away from Home, give Home Address below)
9. Date and Hour of Death:—Died on the 23 day of May, 1885, 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.) Samuel Rodgers

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 } Old Age  
Pneumonia  
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 23 day of May 1885  
(Signature) W. B. Putnam M.D.

No. of Burial Permit \_\_\_\_\_  
Place of Burial Horsac  
Date of Burial May 24/85  
Name and Residence of Undertaker H.H.

Residence, Horsac

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.....

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 *John Scanlon*
2. Age *32* years *—* months *—* days. Sex *—* Color *—*
3. Single, Married, Widowed *—* Occupation *—*
5. Birthplace *East Bridge*
6. Father's Name and Birthplace *—*
7. Mother's Name and Birthplace *—*
8. Place of Death *Hoosick Falls*
9. Date and Hour of Death:—Died on the *22* day of *May*, 188*5*, 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.

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.

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 } <i>Cerebral Phthisis</i> Consecutive and } <i>—</i> Contributing } <i>—</i>	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 *May* 188*5*

No. of Burial Permit.....  
 Place of Burial *St. Mary's Cem.*  
 Date of Burial *May 24 185*  
 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 2.  
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.  
*3702*

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, (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.....
- 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 Renss. 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 Horsick Falls

5200

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Archibald John Reddy.
2. Age 7 years 13 months 13 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) Horsick Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Martin Reddy. (State or Country)
7. Mother's Name and Birthplace Jessie Dooly. (State or Country) Horsick Falls
8. Place of Death (If an Institution, state its name.) Horsick Falls. (How long res. (least hours.)   (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 25 day of May 1885, at about 2 A 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>Culture of Pneumonia</u>  Consecutive and Contributing } <u> </u>	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 Marys Conv.  
 Date of Burial May 26 1885 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.



## REPORT OF A DEATH.

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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.

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

CERTIFICATE OF DEATH,

In the Town (Village) City of N. York

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

12500

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) John Cahill
2. Age 42 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 gentleman
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.) Home at 7 Ave. (How long resident there.) (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 24 day of May 1885, 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.) John Cahill N. York

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

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 :

<p>Chief and Determining } <u>Compression of the Brain</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></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					

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

Sanitary observations.....

Witness my hand this 25 day of May 1885 (Signature) Hudson M. D.

No. of Burial Permit    
 Place of Burial St Mary's Church  
 Date of Burial May 25 - 1885 Residence,    
 Name(s) 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.

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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.



82.00  
35.00  
12.00  
35.00  
85.00  
22.00  
41.00  
50.00  
20.00  
125.00

\$457.00 Total from May 5 to May 26  
1885

Deaths  
1884 to 1885

inclusive

100

RECORD  
OF  
DEATHS.

BY

---

From June 9, 1885

To July 20, 1885

Book No 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.

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

559

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Wm Hart
  2. Age 24 years 2 months 14 days Sex M Color (Race, if other than the W.....)
  3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation Machinist
  5. Birthplace (and State or Country.) Balston N.Y. (How long in the United States, if of foreign birth.)
  6. Father's Name and Birthplace Wm Hart (State or Country)
  7. Mother's Name and Birthplace Mary Coffey, Ireland (State or Country)
  8. Place of Death (If an Institution, state its name.) H. J. (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 June 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.) J. E. Hart

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.

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>	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 } <u>Injury to the bladder.</u>			

Sanitary observations.....

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

No. of Burial Permit.....  
Place of Burial St Marys Ch.  
Date of Burial June 12 1886  
Name and Residence of Undertaker H. J. How

(Signature,) Fox M. D.  
Residence, N. Y.

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
- 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 1880.

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.

3800

In the Town (Village) City of Wm of Brin

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Wm of Brin
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 Lawyer
5. Birthplace (and State or Country.) Limerick Ireland (How long in the United States, if of foreign birth.) 33 yrs
6. Father's Name and Birthplace Patrick Brin (State or Country) Ireland
7. Mother's Name and Birthplace Mary (State or Country) —
8. Place of Death (If an Institution, state its name.) — (How long resided here.) 2-4- (if dying away from home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 18 day of June, 1883, 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.) Wm of Brin

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 } Cancer of the stomach

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 19 day of June 1883

No. of Burial Permit — (Signature) J. C. Hammond  
 Place of Burial Wm of Brin  
 Date of Burial June 20th 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.

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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.

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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.

4500

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Herbert C. Myers
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 Housekeeper
5. Birthplace (and State or Country) So. W. Hoosick (How long in the United States, if of foreign birth) —
6. Father's Name and Birthplace Lyman Labarron S. N. H. (State or Country) —
7. Mother's Name and Birthplace Phoebe Grafton (State or Country) —
8. Place of Death (If an Institution, state its name.) So. W. Hoosick (How long res. there.) — (if dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 26 day of June 1885 at about 11.30 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.) H. C. Myers

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</u>	Consecutive and Contributing } <u>—</u>	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 <u>—</u>				

Witness my hand this 27 day of May 1885 W. E. Putman M.D. (Signature)

No. of Burial Permit —  
Place of Burial So. W. Hoosick  
Date of Burial June 28 - 1885  
Name and Residence of Undertaker H. J. Lou Residence 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 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, 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.....

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 5.  
No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

2800

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) J. J. Sherman
2. Age 77 years 0 months 0 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.) Hosick Falls. (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 June 1885, 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:

Chief and Determining } <u>Diphtheria</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..... (Signature,) Ashton M.D.  
Place of Burial Apple Grove  
Date of Burial July 29 Residence,.....  
Name and Residence of Undertaker Wm. J. Tor

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.

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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. 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.

352

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Jas Kelly
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.) Marshalltown Co. Wexford Ireland (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Andrew Kelly (State or Country)
7. Mother's Name and Birthplace Mary Donovan (State or Country)
8. Place of Death (If an Institution, state its name.) Hospice of St. Giles (How long resided here.)   (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 2 day of July, 1885, 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 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>Anaemia complicated with partial Paralysis.</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 } <u> </u>		

Sanitary observations.....

Witness my hand this 3 day of July 1885 (Signature) J C Hammer M. R.

No. of Burial Permit    
 Place of Burial St Marys  
 Date of Burial July 4 1885  
 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.

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.

29860

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Chas Burtis
2. Age 12 years 6 months 4 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.) Horsick N. Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Chas Burtis. (State or Country.)
7. Mother's Name and Birthplace (State or Country.)
8. Place of Death (If an Institution, state its name.) St. Joseph's Catholic Male Asylum (How long resident here.) (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 3 day of July 1885, 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	Inflammation of the spine	Duration of Disease in				The duration of such Disease, when given, is reckoned from its commencement until death.
		Years	Months	Days	Hours.†	
Consecutive and Contributing						

Sanitary observations.....

Witness my hand this 6 day of July 1885.

No. of Burial Permit..... (Signature)..... M. D.  
 Place of Burial St. Mary's Cem.  
 Date of Burial July 7<sup>th</sup> 85 Residence,.....  
 Name and Residence of Undertaker H. T. Don

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.

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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
  - 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 1890.

County of STATE OF NEW YORK.

CERTIFICATE OF DEATH.

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

3174

- In the Town (Village) City of
1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Mary Daily*
  2. Age *10* years *—* months *—* days Sex *—* Color (Race, if other than the White.)
  3. Single, Married, Widowed (Cross out words not required in this case.) *—* Occupation *—*
  5. Birthplace (and State or Country) *Honick Falls* (How long in the United States, if of foreign birth) *10 yrs*
  6. Father's Name and Birthplace *Edw Daily Ireland* (State or Territory)
  7. Mother's Name and Birthplace *Bridget Daily Lowell* (State or Country) *Mass*
  8. Place of Death (If an Institution, state its name.) *Honick Falls* (How long resided here.) (If dying away from Home, give Home Residence below.)
  9. Date and Hour of Death:—Died on the *6* day of *July* 188*5*, at about *10.30 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.)

*Daniel Daily*

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:

Chief and Determining } <i>Meningitis</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 } <i>—</i>			

Sanitary observations *—*

Witness my hand this *7* day of *July* 188*5*

No. of Burial Permit *—* (Signature) *P. Putnam* M.D.  
Place of Burial *at Mary's Church*  
Date of Burial *July 8, 1885* 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.

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.

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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.....
- 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.

Form 2.

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

2619

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Margaret Hogan
2. Age 5 years 7 months 7 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 (or State or Country) Glenties, Ireland (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Michael Hogan (State or Country) Ireland
7. Mother's Name and Birthplace..... (State or Country).....
8. Place of Death (If an Institution, state its name.) Hoboken Falls, N.Y. (How long resided here.) 1 year 6 (If dying away from home, give Home Address below.)
9. Date and Hour of Death:--Died on the 17 day of July, 1885, 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.)

Margaret Hogan

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>Water on the Brain.</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 15 day of July, 1885

No. of Burial Permit..... (Signature,)..... M.D.  
Place of Burial St. Mary's Church  
Date of Burial July 18, 1885 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.

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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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**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. 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.....

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.

2700

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Henry G. Gibbi
2. Age 4 years 8 months 7 days. Sex Male Color (Race, if father than the White.) White
3. Single, Married, Widowed (Cross out words not required in this line.) Single 4. Occupation None
5. Birthplace (and State or Country.) Troy N.Y. (How long in the United States, if of foreign birth.) None
6. Father's Name and Birthplace Henry Gibbi (State or Country.) Orleanston
7. Mother's Name and Birthplace Phyllis Gibbi (State or Country.) Pd.
8. Place of Death (If an Institution, state its name.) H.F. (How long resident here.) None (If dying away from Home, give Home Residence below.) None
9. Date and Hour of Death:—Died on the 15 day of July 1883, 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.) Gibbi

11. I Hereby Certify, That I attended the deceased from 1883 to 1883, that I last saw him 1883 that he died on the 15 day of July 1883, about 9 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 } <u>Diphtheria</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 } <u>None</u>			

Sanitary observations.....

Witness my hand this 15 day of July 1883

No. of Burial Permit None (Signature) Putnam M.D.  
 Place of Burial Mount Pleasant  
 Date of Burial July 17 1883 Residence, H.F.  
 Name and Residence of Undertaker H.F.

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.

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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.

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**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
- 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.

STATE OF NEW YORK.

Form 2.

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

2456

County of.....

CERTIFICATE OF DEATH.

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Pat. McAuliff
2. Age 14 years 14 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) A. F. N. Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace J. J. McAuliff (State or Country) Ireland
7. Mother's Name and Birthplace Ellen Shea (State or Country) N. Y.
8. Place of Death (If an Institution, state its name.) A. F. (How long resided here.)   (If away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 17 day of July 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.)

J. J. McAuliff

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				† The duration of each Disease, when given, is reckoned from its commencement until death.
		Years	Months	Days	or Hours.†	
<u>Spasmodic Croup.</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>3</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Sanitary observations.....

Witness my hand this   day of   188 .

No. of Burial Permit    
 Place of Burial St. Mary's Church.  
 Date of Burial July 17 1886  
 Name and Residence of Undertaker W. S. Mason

(Signature) D. J. Quinn M.D.

Residence, A. F.

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.

**ES** 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.

24,50  
27,00  
25,00  
28,60  
31,74  
55,00  
28,00  
43,00  
55,00  
58,00

\$376.84

Total from  
June 9<sup>th</sup> to July 20.



RECORD  
OF  
DEATHS.

BY

*W. H.*

---

From *July 22*, 1885.

To *Sept. 1*, 1885.

*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.

"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.

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.

200

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *Elizabeth G. Carnier*
2. Age *5* years *5* months *5* days. Sex *F.* Color (*Red*, 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. Carnier* (State or Country) *N.Y.*
7. Mother's Name and Birthplace *Mary S. Cambridge* (State or Country) *Wt.*
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 *27* day of *July* 188*5*, at about *4 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*5*, to..... 188*5*, that I last saw him..... 188*5* that..... died on the..... day of..... 188*5*, 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>Cholera Infantum</i>	Duration of Disease in Years, Months, Days, or Hours.†	
Consecutive and Contributing	<i>Spasms</i>		

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

Sanitary observations.....

Witness my hand this *27* day of *July* 188*5* (Signature,) *Hewitt* M.D.

No. of Burial Permit.....  
 Place of Burial *Wright's Grove*  
 Date of Burial *July 28* Residence, *H. F.*  
 Name and Residence of Undertaker *H. F. 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.

*[Faint handwritten signature and text, possibly "John J. ..."]*

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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 \_\_\_\_\_  
*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.

Form 8.

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

5302

CERTIFICATE OF DEATH,

In the Town (Village) City of \_\_\_\_\_

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Catherine Hoffman
2. Age 36 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) \_\_\_\_\_ (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 27 day of Aug, 1885, at about \_\_\_\_\_ 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. 512, 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	Pleurisy			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 _____				

Sanitary observations \_\_\_\_\_

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

No. of Burial Permit \_\_\_\_\_  
 Place of Burial St Mary's (Signature) \_\_\_\_\_ M.D. \_\_\_\_\_  
 Date of Burial Aug 29 1885 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.

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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.

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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.....  
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.

Form A.

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.....

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.) Elery Andrew Garland
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.....
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.)

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			
	Years,	Months,	Days,	or Hours.†
Chief and Determining } _____				
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,) Spinner M.D.  
Place of Burial Green Falls  
Date of Burial Aug. 9 - 1888 Residence, \_\_\_\_\_  
Name and Residence } of Undertaker D. J. [unclear]

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.

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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.

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**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.....

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

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Son of Ella J. as Devin
2. Age..... years..... months..... 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.) NY - Ireland
6. Father's Name and Birthplace John Devin - Ireland
7. Mother's Name and Birthplace Ella - Shaftsbury
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 9 day of Aug. 1885, at about 12:30 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.

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

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>Dead Bow.</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.....  
 Place of Burial Shaftsbury  
 Date of Burial Aug 10 1885  
 Name and Residence of Undertaker.....

(Signature) Skinner 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.

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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.

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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.....

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 1.

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

CERTIFICATE OF DEATH.

902

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Joseph Gorman
2. Age 2 years 7 months — days Sex — Color (Race, if other than the White.) —
3. Single, Married, Widowed (Give out words not required in this line.) — 4. Occupation —
5. Birthplace (and State or Country.) Scottsboro (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace J. Gorman (State or Country.) Ireland
7. Mother's Name and Birthplace Margaret (State or Country.) —
8. Place of Death (If an Institution, state its name.) St. Joseph's (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 Aug 1885 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.

(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>Marasmus</u>	Duration of Disease in Years, Months, Days, or Hours.	
	<u>—</u>		
	<u>—</u>		
Consecutive and Contributing	<u>—</u>		
	<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.) Dolph M.D.  
 Place of Burial St. Joseph's  
 Date of Burial Aug 10 1885 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.

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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.

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**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. 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.

In the Town (Village) City of \_\_\_\_\_

1. Full Name of Deceased *W. Las Hubbard*
2. Age *1* years *1* months *1* 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 *Horsick Falls* *(How long in the United States, if of foreign birth.)*
6. Father's Name and Birthplace *Andrew Hubbard* *(State or Country.)*
7. Mother's Name and Birthplace *Bredjet* *(State or Country.)*
8. Place of Death *Horsick Falls* *(If an Institution, state its name.)* *(How long resided here.)* *1* *(If dying away from home, give true Residence below.)*
9. Date and Hour of Death:—Died on the *9* day of *Aug.* 188*5*, at about *8 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 Heredy Certify, That I attended the deceased from \_\_\_\_\_ 188*5*, to \_\_\_\_\_ 188*5*, that I last saw h \_\_\_\_\_ 188*5* that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 188*5*, 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>Cholera Infantum</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 *10* day of *Aug* 188*5*

No. of Burial Permit \_\_\_\_\_  
 Place of Burial *Mary's Church* (Signature) *R. Kenner* M.D.  
 Date of Burial *Aug 17 1885* 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.

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.

Form 3.  
 No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.  
**2009**



## REPORT OF A DEATH.

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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.

*Charles W. ...*

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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.

ES 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.....

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 Registrar Book of Deaths to be inserted here by the Registrar.

20<sup>th</sup>

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Indian, not named, give parents' names.) *Michael Crowley*
  2. Age *1* years *1* months *0* days Sex *0* Color (Race, if other than 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 *Dennis Crowley A Cork* (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. I.* (How long resided here.) (If dying away from home, give Home Residence below.)
  9. Date and Hour of Death:—Died on the *18* day of *Aug* 188*3*, 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.) *D. Crowley*

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>Spinal Meningitis</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..... (Signature) *Dolphin* M.D.  
 Place of Burial *Mary's*  
 Date of Burial *Aug 27 1885* Residence,.....  
 Name and Residence of Undertaker *H. J. 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 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

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.

Form 2.

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 (If an Infant, not named, give parents' names) Mary Potroski
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.) \* 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 Frank Potroski (State or Country)
7. Mother's Name and Birthplace Mary " (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 these residences below.)
9. Date and Hour of Death:—Died on the 20 day of July 1885, 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.)

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>Not Known</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 \_\_\_\_\_  
 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 } .....
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	Wks.	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.

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Indian, not named, give parents' names.) Blank Andrew
  2. Age 32 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 resides 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:

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

† 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.....

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.

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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.

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**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.

"Seal" 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.

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.

287

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Lucy Ann Ladin
  2. Age 87 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.) Rhode Island (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.) Louise Hall (How long resided here.) 6 yrs (If dying away from Home, give those Residences below.)
  9. Date and Hour of Death:—Died on the 4 day of Sept. 1885, 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.

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.

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>Bronchitis</u> <u>Debility</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) Dolan M.D.  
 Place of Burial St. Mary's  
 Date of Burial Sept. 6 1885 Residence, \_\_\_\_\_  
 Name and Residence of Undertaker Dolan

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.

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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.

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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.



61 87  
43 00  
7 00  
20 00  
20 00  
9 00  
5 00  
50 00  
55 00  
8 00  

---

278 87

Total for Deaths from July  
27 to Sept. 1 - 85

1885.

RECORD  
OF  
DEATHS.

BY

L.H.

From Sept 1, 1885.

To Sept 30, 1885.

Book #8,

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.....
- 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 inscribed here by the Registrar.  
4525

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Jellie Powers.
2. Age 17 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.) Arnica Falls. (How long in the United States, if of foreign birth.) —
6. Father's Name and Birthplace Lawrence Powers. (State or Country) Ireland.
7. Mother's Name and Birthplace Margaret (Duch) Powers. (State or Country) P. Jersey N.Y.
8. Place of Death (If an Institution, state its name.) Arnica Falls. (How long resided here.) — (If lying away from home, give Home Address below.) —
9. Date and Hour of Death:—Died on the 4 day of Sept. 1883, at about 4.00 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.) J. Powers.

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>Consumption.</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 4 day of Sept. 1883

No. of Burial Permit — (Signature) J. J. Cannon M.D.  
Place of Burial St. Mary's  
Date of Burial Sept 4 1883  
Name and Residence of Undertaker L. J. Cannon

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.

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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.

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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.

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,

900

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Walter Phelan
2. Age..... years..... months 7 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.)..... (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 your residence below.).....
9. Date and Hour of Death:—Died on the 26 day of Aug. 1885, 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 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>Heart Failure.</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.

(Signature) Hannon M.D.

No. of Burial Permit.....

Place of Burial St. Mary's

Date of Burial Aug. 28 / 1885

Name and Residence } 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.

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**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.....

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.

1900

- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Child of Lawrence
  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:

Chief and Determining } <u>Diphtheria.</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 Williamston  
 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.

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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.

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**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.....

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.

2900

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Lawrence Whitney
2. Age 27 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 your 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 Herewith Certify, That I attended the deceased from..... 1883, to..... 1883, that I last saw him..... 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 his death was as hereunder written:

Chief and Determining } <u>Diphtheria</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..... 1883.

No. of Burial Permit..... (Signature)..... M. D.  
Place of Burial Maple Grove  
Date of Burial Sept 20 1883 Residence,.....  
Name and Residence of Undertaker H. J. Van

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.

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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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**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,

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

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

45-06

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.) Stalck.
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.) Arlington (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 Sept. 1885, 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.)

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

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		† Two 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 Arlington  
Date of Burial Sept. 18-1885 Residence,.....  
Name and Residence of Undertaker H. S. O'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.

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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.

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---

**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.

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.

6000

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Margaret Rellihan.
2. Age 73 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 Pat. Lambert (State or Country) Ireland
7. Mother's Name and Birthplace Margaret Bailey (State or Country) "
8. Place of Death (If an Institution, state its name.) Buskerks Bridge (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 Sept. 1885, 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.) John Rellihan

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 } <u>old age.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Duration of Disease in Years, Months, Days, or Hours.†</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Duration of Disease in Years, Months, Days, or Hours.†				
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.

No. of Burial Permit \_\_\_\_\_ (Signature,) W. J. Sweet M.D.  
Place of Burial St. Mary's H.S.  
Date of Burial Sept. 1885 Residence, Buskerks  
Name and Residence of Undertaker John Rellihan

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)
  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
  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.

Form 2.

CERTIFICATE OF DEATH.

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

2087

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

1. Full Name of Deceased (If an Indian, not named, give parents' names.) Marguerite Welch
2. Age 4 years 5 months 11 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.) Harrick Falls (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Edw. Welch (State or Country) Ireland
7. Mother's Name and Birthplace Nora Murray (State or Country)
8. Place of Death (If an Institution, state its name.) Harrick Falls (How long resided here.) 5 (If dying away from home, give home address below.)
9. Date and Hour of Death:—Died on the 20 day of Sept. 1883, 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.) Edw. Welch

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>Capillary Dysentery</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 22 day of Sept 1883,

No. of Burial Permit St. Marys Cem. (Signature) A. R. Jackson  
 Place of Burial St. Marys Cem.  
 Date of Burial Sept. 22 1883 Residence, St. Louis  
 Name and Residence of Undertaker A. B. Brown

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. 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.

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.

5000

In the Town (Village) City of \_\_\_\_\_

1. Full Name of Deceased *J. Cynthia Lyons*
2. Age *81* years \_\_\_\_\_ months \_\_\_\_\_ days Sex \_\_\_\_\_ Color \_\_\_\_\_
3. Single, Married, Widowed \_\_\_\_\_ 4. Occupation \_\_\_\_\_
5. Birthplace *Jungia St.* \_\_\_\_\_
6. Father's Name and Birthplace *Thos. Wood* \_\_\_\_\_
7. Mother's Name and Birthplace *Grace W.* \_\_\_\_\_
8. Place of Death *Hoosick Falls* \_\_\_\_\_
9. Date and Hour of Death:—Died on the *24<sup>th</sup>* day of *Sept* 188*5*, 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.

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.

(Signature and residence of Reporter.)

11. I hereby certify, That I attended the deceased from \_\_\_\_\_ 188*5*, to \_\_\_\_\_ 188*5*, that I last saw h \_\_\_\_\_ 188*5* that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 188*5*, 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>Acute Paralysis</i>	Duration of Disease in			This 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*5*.

No. of Burial Permit \_\_\_\_\_  
 Place of Burial *People's Grave Co.*  
 Date of Burial *Sept 26/85*  
 Name and Residence of Undertaker *H. S. ...*

(Signature) *W. B. Putnam M.D.*  
 Residence *A. F.*

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

2800

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) James Driscoll
2. Age 5 years   months   days. Sex   Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required by 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 Thos Driscoll Conn. (State or Country.)
7. Mother's Name and Birthplace Ellen " Saratoga (State or Country.)
8. Place of Death (If an Institution, state its name.) H. F. (How long res. least here.)   (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 24 day of Sept 1885, 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.

(Signature and residence of Reporter.) Thos Driscoll

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

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

Sanitary observations.....

Witness my hand this   day of   188 .

(Signature,) Doepkin M. D.  
Residence, H. F.

No. of Burial Permit    
Place of Burial St Mary's Cem.  
Date of Burial Sept 29 1885  
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.

**EF** 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..... Medical Attendant.  
 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,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Catherine Wall
2. Age 35 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 House Keeper
5. Birthplace (and State or Country) Co. Tipperary Ireland (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Thos. Carey (State or Country) Ireland
7. Mother's Name and Birthplace Ann Gaffey (State or Country) "
8. Place of Death (If an Institution, state its name.) Romek Hall (How long resided here.) .....
9. Date and Hour of Death:—Died on the 27 day of Sept. 1885, 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 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>Exhaustion from Heart Disease</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 29 day of Sept 1885— (Signature) J. B. Hannow M.D.

No. of Burial Permit.....  
 Place of Burial St. Mary's Am  
 Date of Burial Sept 30/85  
 Name and Residence of Undertaker Hanssen & 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.

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.

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

16299

## 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.

62.00'

29.00

50.00'

20.87

60.00'

45.00

29.00'

19.00

9.00'

45.25

\$369.12 Total for Deaths

From Sept 1st to Sept. 30/85,



Albion  
1885

RECORD  
OF  
DEATHS.

BY

L.H.

From Sept 28, 1885.

To \_\_\_\_\_, 1885.

65  
27  
-----  
430  
136  
-----  
1750

Book No. 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.

"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.....

STATE OF NEW YORK.

Form 3.

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

904

CERTIFICATE OF DEATH.

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

1. Full Name of Deceased (If an Infant, not named, give parents' names) *Joseph H. Lyre Langlois*
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.) *Henrich Falls, N.Y.* (How long in the United States, if of foreign birth.).....
6. Father's Name and Birthplace *Hector Langlois Canada*
7. Mother's Name and Birthplace *Edell Canada*
8. Place of Death (If an Institution, state its name.) *Henrich Falls* (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 *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.)

*Hector Langlois*

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 }	.....	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.....

(Signature,)

*Dolphin*

*D  
M.D.  
1885*

No. of Burial Permit.....

Place of Burial.....

Date of Burial.....

Name and Residence of Undertaker.....

*J. J. Harris  
Sept 30 - 1885  
Hansler & Son*

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.

*Henrich 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.

**EF** 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, Mos., Days) (How long in the United States, if of foreign birth.)
  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 Registry Book of Deaths to be inserted here by the Registrar.

6360

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mike Mahan.
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.) O. Tipperary (How long in the United States, if of foreign birth.) 35
6. Father's Name and Birthplace (State or Country) Tom Mahan Ireland
7. Mother's Name and Birthplace (State or Country) Helen Stapleton "
8. Place of Death (If an Institution, state its name.) H. Y. (How long resident here.) (If dying away from home, give Home Address below.)
9. Date and Hour of Death:—Died on the 30 day of Sept. 1885, 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.

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

(Signature and residence of Reporter.) Bridget Mahan.

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 } Heart Disease	Duration of Disease in Years, Months, Days, or Hours.†
Consecutive and Contributing }	

† The duration of such 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 Cem.  
 Date of Burial Oct. 27 1885  
 Name and Residence of Undertaker H. W. Hon Residence, M.D.

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.....

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 inscribed here by the Registrar.

6900

- In the Town (Village) City of.....
1. Full Name of Deceased (If an infant, not named, give parents' names.) *Herbert J. M. Carney*
  2. Age *73* 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 *laborer*
  5. Birthplace (and State or Country.) *Kilbuck Co. N. York* (How long in the United States, if of foreign birth.) .....
  6. Father's Name and Birthplace *Mich. Kearney* (State or Country) *Poland*
  7. Mother's Name and Birthplace .....
  8. Place of Death (If an Institution, state its name.) *Herrick Falls* (How long resided here.) *35* (If dying away from Home, give some Residence below.) .....
  9. Date and Hour of Death:—Died on the *2* day of *Oct.* 188*5*, at about *11.30* 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. 512, Laws of 1880.

(Signature and Residence of Reporter.) *Geo. E. Carney*

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 } _____  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) *P. J. ...* M. D.  
Place of Burial *St. Mary's Co.*  
Date of Burial *Oct. 4 1885* Residence, *A. J.*  
Name and Residence of Undertaker *Hausler & 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

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.

CERTIFICATE OF DEATH,

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

1100

- County of.....
- In the Town (Village) City of.....
1. Full Name of Deceased (If an Infant, not named, give parents' names.) Frank
  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 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>committed suicide by</u> <u>drowning in Tibbets Pond.</u> Consecutive and } <u>Horsac N.Y. Oct.</u> Contributing } <u>5-1885</u>	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) Delaney M.D.

Place of Burial Horsac

Date of Burial Oct. 5-1885 Residence, Cornor

Name and Residence of Undertaker H. H. Sou

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.

\* ~~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.....

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.

3700

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Mary Blair
2. Age 34 years ..... months ..... days. Sex F 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) ..... (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.) Arrick Hall (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 Oct 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.)

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>  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 Granville N.Y.  
 Date of Burial Oct 12/86 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.

---

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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..... 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. 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.

800

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Margaret Sweeney
2. Age 10 years 10 months 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.) Mass. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Josiah Sweeney Mass. (Country)
7. Mother's Name and Birthplace Ann Kelly (State or Country) Ireland
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 15 day of 10 1885, 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.) .....

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>Water on the Brain</u>	Duration of Disease in Years, Months, Days, or Hours.†		† The duration of such Disease, when given, is reckoned from its commencement until death.
Consecutive and Contributing } <u>    </u>			

Sanitary observations.....

Witness my hand this      day of      188    .

No. of Burial Permit      (Signature) Turkey M.D.  
Place of Burial Shrubby  
Date of Burial Oct 17 1885 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.

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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.

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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	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.....  
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 (If an Infant, not named, give parents' names.) Bridget Walton
2. Age..... years 35 months 4 days. Sex W Color (Name, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this line.) .....
4. Occupation Sailress
5. Birthplace (and State or Country.) .....
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.) .....
9. Date and Hour of Death:—Died on the 19 day of Oct. 1885, 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.)

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>Pythiosis Pulmonalis</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,)..... M. D.

Place of Burial St Marys Cmn

Date of Burial Oct 21/85 Residence,.....

Name and Residence } of Undertaker 766 Sen

H.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.

6300



## REPORT OF A DEATH.

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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
- 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 *Wm E Sanford*
2. Age *71* years *11* months *1* days Sex *Male* Color *White*
3. Single, Married, Widowed *Widowed* 4. Occupation *Carriage Maker*
5. Birthplace *Newark N.J.* (How long in the United States, if of foreign birth) *Always*
6. Father's Name and Birthplace *Wm Sanford* (State or Country) *Did not know*
7. Mother's Name and Birthplace *Louisa* (State or Country) *..*
8. Place of Death *Horsick Falls* (If an Institution, state its name.) (How long resided here) *14 yrs* (If dying away from home, give your residence below.)
9. Date and Hour of Death:—Died on the *19th* day of *October* 1885, 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)

*Wm E Sanford*

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	<i>Apoplexy</i>	Duration of Disease in Years, Months, Days, or Hours.†	<i>Found dead in Bed</i>
Consecutive and Contributing	<i>Went found in the left side of Brain</i>		

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

Sanitary observations *good*

Witness my hand this *22* day of *Oct* 1885

No. of Burial Permit.....  
Place of Burial *St Paul St* (Signature) *J. C. Hamov* M.D.  
Date of Burial *Oct 23-1885*  
Name and Residence of Undertaker *H. Hon* Residence *H. F.*

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.

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.) Arthur Warren Patterson
2. Age 2 years 1 months 4 days. Sex Ma 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.) .....
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.) .....
9. Date and Hour of Death:—Died on the 28 day of Oct 1883, 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.) Saml Patterson

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>Menigitis</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) Ashton..... M.D.  
 Place of Burial Maple Grove  
 Date of Burial..... Residence.....  
 Name and Residence of Undertaker W. E. 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.

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

8000

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
  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.

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.

400

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

1. Full Name of Deceased *Michael Heane*
2. Age *48* years \_\_\_\_\_ months \_\_\_\_\_ days Sex *M* Color *(Race, if other than the White)*
3. Single, Married, Widowed \_\_\_\_\_ 4. Occupation *Mechanic*
5. Birthplace *Ireland* (How long in the United States, if of foreign birth.) *33*
6. Father's Name and Birthplace *Joe Heane - Ireland*
7. Mother's Name and Birthplace *Ann*
8. Place of Death *Ireland* (How long res. there.) *25* (if dying away from home, give home residence below)
9. Date and Hour of Death:—Died on the *27* 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.

(Signature and residence of Reporter.) *Mike M. Grath*

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>Pythiasis Pulmonalis</i>	12		
	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 *St Marys Cem*  
 Date of Burial *Oct 29*  
 Name and Residence of Undertaker *Stranesh & Son*

(Signature) *D. J. [unclear]* M.D.

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.

\$ 9.00  
- 63.50  
69.00  
14.00  
37.00  
8.00  
63.00  
15.00  
30.00  
40.00

\$ 344.50

Total from <sup>sept</sup> 28/16  
Oct 31/85

RECORD  
OF  
DEATHS.

BY

L.H.

From Nov 1, 1885.

To Dec 24<sup>th</sup>, 1885.

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, (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. 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.....
12. Chief cause of Death.....
13. Certified by..... Medical Attendant.
14. Buried at.....
15. 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.

Form 8.

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

1500

CERTIFICATE OF DEATH,

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Unknown Deafmute
2. Age 27 years 5 months 7 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.)..... (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 Address below.) .....
9. Date and Hour of Death:—Died on the 31 day of Oct. 1885, 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.

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

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 }	I hereby certify that an unknown deafmute was killed on H.B. R.R. near E.B. Oct 31/85 at 4 P.M. by train #35 said		Duration of Disease in Years, Months, Days, or Hours.† _____	† The duration of each Disease, when given, is reckoned from its commencement until death.
	deafmute's death was caused by being struck by said train by tripping his neck and I hereby direct H & S on 4th. N.Y. to bury body in M.G. #7.			

Sanitary observations.....

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

Witness my hand this..... day of..... 188 .  
 (Signature,) DeLany Cornwell  
 Residence, N.Y.  
 No. of Burial Permit.....  
 Place of Burial M.G. #7  
 Date of Burial Nov-10-85  
 Name and Residence } of Undertaker H & S on

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
- 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

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.

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.

674

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) *John Henry*
2. Age *25* years *7* months *24* days Sex *M.* Color (Race, if other than the White.)
3. Single, Married, Widowed (Cross out words not required in this line.) 4. Occupation *Car maker*
5. Birthplace (and State or Country.) *Rosario* (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace *Thomas Henry* (State or Country.)
7. Mother's Name and Birthplace *Rosa Henry* (State or Country.)
8. Place of Death (If an Institution, state its name.) *Home* (How long resided here.) (If dying away from Home, give Near Residence below.)
9. Date and Hour of Death:—Died on the *2* day of *Oct.* 188*0*, 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.)

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>Typhoid Pulmonia</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 *2* day of *Oct.* 188*0*.

(Signature) *L. L. L.* M.D.

No. of Burial Permit  
Place of Burial *St. Mary's Ave.*  
Date of Burial *Oct 6 1880*  
Name and Residence of Undertaker *Amelia Lee*

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, 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..... 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.

93.57

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

1. Full Name of Deceased (If an Infant, not named, give parents' names.) Janet Turner
2. Age 73 years 6 months 16 days - Sex F. Color (Race, if other than the White.) .....
3. Single, Married, Widowed (Cross out words not required in this line.) Widowed 4. Occupation Laundress
5. Birthplace (and State or Country) Co. of Lancashire England (How long in the United States, if of foreign birth.) .....
6. Father's Name and Birthplace Thos. Robinson (State or Country) England
7. Mother's Name and Birthplace Ellen Robinson (State or Country) England
8. Place of Death (If an Institution, state its name.) Frederick Hotel (How long resided here.) 14 yrs. (If dying away from Home, give Home Address below.)
9. Date and Hour of Death:—Died on the 6 day of Nov. 1885, 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.) Richard Turner

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.

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 8 (Signature)..... M.D.  
Place of Burial St. Mary's  
Date of Burial 8 Nov Residence,.....  
Name and Residence of Undertaker H. T. Swan

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
  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 Register Book of Deaths to be inserted here by the Registrar.

CERTIFICATE OF DEATH.

300

In the Town (Village) City of

1. Full Name of Deceased: Margaret Mayson
2. Age: 21 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: Housekeeper.
5. Birthplace: Pittsford (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace: Selick Greene (State or Country)
7. Mother's Name and Birthplace: Catherine Hastings (State or Country)
8. Place of Death: Eagle Bridge (How long resided here.) (If dying away from home, give Home Residence below.)
9. Date and Hour of Death: Died on the 14 day of Nov. 1885 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.)

S. M. Greene

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

Sanitary observations

Witness my hand this 17 day of Nov 1885.

No. of Burial Permit

Place of Burial

Date of Burial

Name and Residence of Undertaker

(Signature)

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 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. 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.

6330

In the Town (Village) City of

1. Full Name of Deceased Malachi O'Shaughnessy
2. Age 21 years months days Sex M Color (Race, if other than the White)
3. Single, Married, Widowed (Cross out words not retained in this line.) 4. Occupation Carpenter
5. Birthplace (and State or Country) Cambridge N.Y. (How long in the United States, if of foreign birth.)
6. Father's Name and Birthplace Malachi O'Shaughnessy (State or Country) Ireland
7. Mother's Name and Birthplace Ellen Brady (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 16 day of Nov. 1885, 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 seal of Registrar.)

11. I Herby Certify, That I attended the deceased from 1885 to 1885, that I last saw h 1885 that died on the day of 1885, 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 } Shock and Internal Hemorrhage from  
 Consecutive and } Bullet wounds  
 Contributing } Peritonitis

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 17 day of Nov. 1885

No. of Burial Permit  
 Place of Burial St. Mary's  
 Date of Burial Nov 18 1885  
 Name and Residence of Undertaker H. S. Low

(Signature) Purkey 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.

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.

"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.

**CERTIFICATE OF DEATH.**

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

5959

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

1. Full Name of Deceased (If an Infant, not named, give parents' names) John Smith
2. Age 82 years 11 months 14 days Sex M Color (Race, if other than the White).....
3. Single, Married, Widowed (Cross out the words not required in this line.)
4. Occupation Carpenter
5. Birthplace (and State or Country) Lifford, 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 Ellen (State or Country) "
8. Place of Death (If an Institution, state its name.) H. I. (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 Nov. 1885, at about 12 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. John Smith

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>Pythiosis Pulmonalis</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 27 day of Nov. 1885.

No. of Burial Permit..... (Signature,)    M. D.  
 Place of Burial St. Mary's Cem.  
 Date of Burial Nov. 27 1885 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 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 1890.

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,

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

1. Full Name of Deceased (If an Indian, not named, give paternal name.) John Boyland
2. Age 21 years 10 months 7 days Sex M Color (Race, if other than the White.) —
3. Single, Married, Widowed (Cross out words not required in this line.) — 4. Occupation Teacher
5. Birthplace (and State or Country.) Ireland (How long in the United States, if of foreign birth.) 4 yrs
6. Father's Name and Birthplace John Boyland (State or Country.) Ireland
7. Mother's Name and Birthplace Eliza Ann Boyland (State or Country.) "
8. Place of Death (If an Institution, state its name.) H. F. (How long resident here.) 4 yrs (If dying away from Home, give Home Residence below.)
9. Date and Hour of Death:—Died on the 9 day of Dec 1885, 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.) John Riley H. F.

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>Inflammatory Phrenitis</u> Consecutive and } <u>the Brain</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 9 day of Dec 1885.

(Signature) W. B. Pulver M.D.

No. of Burial Permit —  
 Place of Burial St. Mary's  
 Date of Burial Dec 14 1885  
 (Name and Residence) of Undertaker H. F.

Residence, H. F.

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 *J. J. Peter*

2. Age *6.5 yrs*

3. ~~Single~~, Married or ~~Widowed~~, (Cross out the word required to this)

4. Occupation *Builder*

5. Birthplace *Lansing, Mich.* (State or Country) *Mich.*

Color and Race, (if not white)

6. Father's Name and Birthplace. *John Peter*

*Peter* (State or Country) *N.Y.*

7. Mother's Name and Birthplace. *Hannah Peter*

*Peter* (State or Country) *N.Y.*

8. Died at *H. N. Y.*

Resident here } 

Years	Mon.	Days

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

9. Date of Death *Dec 23*

10. Reported by *J. Fred Peter*

11. Chief cause of Death *Pneumonia*

*of the Heart*

Certified by *F. R. Henderson*

Medical

Buried at *Maple Grove*

By *H. H. ...*

*Dec. 26/05*

This stub will not be received as a certificate as it is intended to aid the physician in keeping 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 } *M. L. Linnou*

2. Age.....*64-5-4*

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

4. Occupation.....*Farmer*

5. Birthplace.....*Brooklyn N.Y.*

Color and Race, (If not white)

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

.....*Brooklyn* (State or Country).....*N.Y.*

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

.....*Genice* (State or Country).....*N.Y.*

8. Died at.....*Hudson Wash*

Resident here } 

Years	Mon.	Days

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

9. Date of Death.....*Dec-15/85*

10. Reported by.....*Mat*

.....*Colliver* 188.*5*

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

.....*Dropsy*

Certified by.....*Skinner*

.....*B. B.* Medical Attendant.

Buried at.....*H. B.*

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

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.

62000

## REPORT OF DEATH

1. Full name of deceased } *Bridget O'Brien*  
 2. Age..... *60 yrs*  
 3. Single, Married or Widowed, (Cross out the words not required in this line.)  
 4. Occupation..... *Housekeeper*  
 5. Birthplace..... *Ireland* (State or Country)

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

6. Father's Name and Birthplace.....  
*O'Brien* (State or Country) *Ireland*  
 7. Mother's Name and Birthplace.....  
*O'Brien* (State or Country) *Ireland*

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

Resident here } 

Years	Mon.	Days
		<i>9</i>

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

9. Date of Death..... *Dec 19*  
 10. Reported by..... *John J. Tier*  
*Dec 20* 188*5*

11. Chief cause of Death..... *Phthisis*

Certified by..... *Dolphin*  
 Medical Attendant.

Buried at..... *at Marys*  
 By..... *Dec 21 H. H. S.*

50.00

62.00

65.00

58.00

59.00

63.50

30.50

98.87

67.00

10.00

\$583.87

Book #10

344.50

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457.00

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3636.45

5532

323.15

" 1

\$3959.60

Total for year 9/184-55-1

4141.21

3959.60

8100.81 - 840 85



**Township: Hoosick Historical Society**

**Book: Record of Deaths Vol. 1 1884-1885**

**Page Number(s): unnumbered**

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HOOSICK  
TOWNSHIP  
HISTORICAL  
SOCIETY

RECORD OF  
DEATHS

VOL. 1  
1884-1885

END