

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH

OFFICE OF REGISTER

JAN 28 1887

1. Full Name: *William Allison*
 2. Age: *36* years, *6* months, *9* days.
 3. Sex: Male, Female. 4. White, Colored.
 5. Single, Married, Widow, Widower.
 6. Birthplace: *USA*
 7. Occupation: *Custom House Clerk*
 8. If of foreign birth, how long in the U. S. *—* years.
 9. How long resident in City: *life* years.
 10. Father's Birthplace: *Scotland*
 11. Mother's Birthplace: *Scotland*
 12. Place of Death: No. *244 Graham Ave* Brooklyn, Ward *15*
 13. Number of Families in House: *1*
 14. On what Floor: *—*

15. I HEREBY CERTIFY that I attended the deceased from *Jan 25* 188*7*, to *Jan 25* 188*7*,
 that I last saw him alive on the *25* day of *Jan* 188*7*; that he died on the
25 day of *Jan*, 188*7*, about *7* o'clock ~~A. M.~~ ~~P. M.~~, and that the following was the

16. Cause of Death:
 I. *Gastro Enteritis*
 II. *Cardiac Paralysis*
 Time from attack till death: *2 Days*

This Certificate delivered to *Mrs Snyder* at *SP* M., *Jan 26* 188*7*
 Signed by *J. Winkler* M. D., No. *124 Grand* Street or Avenue.

* See other side for explanations and directions.