

# CERTIFICATE OF DEATH.

1.—Full Name,\* Lipman E. Pike

2.—Age, 47 years, 4 months, 15 days.

3.—Sex, Male, Female,\* 4.—White, Colored\*

5.—Single, Married, Widowed, ~~Widower~~\*

6.—Birthplace, New York City 7.—Occupation, laborer

8.—If of Foreign birth, how long in the U. S. \_\_\_\_\_ years. 9.—How long resident in City, \_\_\_\_\_ years.

10.—Father's Birthplace,\* Holland 11.—Mother's Birthplace,\* N.Y. City

12.—Place of Death,\* No. 106 North Oxford St Brooklyn, Ward \_\_\_\_\_

13.—Number of Families in House, one 14.—On what floor, \_\_\_\_\_

15.—I HEREBY CERTIFY that I attended the deceased from Jan 1 1893 to Oct 10 1893

that I last saw him ~~her~~ alive on the 9<sup>th</sup> day of Oct 1893, that he died on the

10 day of Oct 1893, about 4 o'clock A. M. or ~~P. M.~~ and that the following was the

6.—Cause of Death,\* Valvular disease of heart Time from Attack till Death, \_\_\_\_\_

I. \_\_\_\_\_

II. Exhaustion

This Certificate delivered to \_\_\_\_\_ at \_\_\_\_\_ M., 1893

Signed by J. M. Hyde M. D., No. 215 Schermerhorn Street, \_\_\_\_\_  
Medical Attendant. Address.