

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

Certificate of Death.

4504

Full Name,\*

*Joshua M Snyder*

Age, *37* years, months, days.

Sex, Male, ~~Female~~. \* 4.-White, ~~Colored~~. \*

Single, Married, ~~Widow~~, ~~Widower~~. \*

Birthplace, *Mass.*

7.-Occupation, *Undertaker*

If of foreign birth, how long in the U. S. years.

9.-How long resident in City, *15* years.

Father's Birthplace,\*

11.-Mother's Birthplace,\*

Place of Death,\* No. *607* *Kerkaba*

Brooklyn, Ward *21*

Number of Families in House, *two*

14.-On what Floor, *2<sup>d</sup>*

I HEREBY CERTIFY that I attended the deceased from *April 10* 188*1*, to *April 21* 188*1*;

that I last saw him alive on the *21* day of *April* 188*1*; that he died on the

*21* day of *April* 188*1*, about *11* o'clock A. M. or P. M., and that the following was the

Cause of Death,\*

Time from attack till death.

I. *Parasitic* *10 days*

II.

Certificate delivered to *John H Snyder* at *100* M., *April 23* 188*1*

Med by *W. H. ...* M. D.,

No. *607* Street or Avenue.

Medical Attendant.

Address.

See other side for explanations and directions.