VITAL STATISTICS, within *36 hours* after said person's death.
Write time from Attack till Death opposite EACH CAUSE. ***If unknown, it should be so stated.***
The IMMEDIATE CAUSE should be certified by the Physician, when recognized as influencing the chief cause of Death.
No Permit for Burial will be granted without a Certificate accurately filled out. Imperfect Certificates will be returned for correction.

CERTIFICATE OF DEATH.

4855

Full name of the Deceased, (Please write legibly and spell correctly.) Sophia Rochrig.

Age 1 *years,* 2 *months,* ——— *days. Color,* W

Single, Married, Widow or Widower, (Cross out the words not required on this line.)

Occupation, ———

Birthplace, Brooklyn

How long resident in this City Lifetime *In this Country* Lifetime

Father's Birthplace, (The State or Country.) } Germany.

Mother's Birthplace, (The State or Country.) }

Let these Returns be Specific.

Place of Death, No. 296 Manjer *Street,* 18 *Ward.*

Number of Families in House, Two *No. on Floor,* 2.

I Hereby Certify, *That I attended deceased from* May 10 1876 *to* May 27 1876 *that I last saw her alive on the* 27th *day of* May 1876; *that she died on the* 27th *day of* May 1876 *about* 9 *o'clock,* P/m *and that the cause of her Death was:*

FIRST, (primary.) Laryngitis exposa.

SECOND, (immediate.) ———

Time from attack till Death.
18 Days.

All the above information must be furnished by the physician, or the certificate will be returned for correction.

Signed by Gustavus A Bingel *M. D., Medical Attendant.*

Address, 96 Ten Eyck St.

Place of Burial, Brüder Georgruns *Date of do* Mai 29 Jun 76

Undertaker, Lee Sauter *Place of business,* 136 Hag Ave.

OFFICE OF THE BOARD OF HEALTH, 66 COURT STREET.