

"All Permits for the removal of the body of any deceased person from the City of New York for interment, and all Burial Permits, and Permits for the Reinterment of the remains of deceased persons in the City of New York, shall be granted and signed by the Registrar of Records."

"The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Bureau of Vital Statistics, within 36 HOURS after said person's death. (Sec. 161 of Sanitary Code.)

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All physicians practicing in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics. (Sec. 5 of Sanit. Code.)

STATE OF NEW YORK.

CITY OF NEW YORK.

CERTIFICATE OF DEATH, IN THE CITY OF NEW YORK 519022

No. of corresponding Entry in
 519022
 13672

1. Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give parents' names. } Marcos Martilla
2. Age, 11 2/3 years, 2 months, 13 days. Color (Name if other than the usual) White
3. Single, Married, Widow or Widower. (Cross out the words not required in this item.) Single
4. Occupation, Merchant
5. Birthplace (State or Country.) Santiago de Cuba, Cuba (How long in the United States, if of foreign birth.) 14 years
6. How long Resident in this City, 14 years
7. Father's Name and Birthplace, Gregorio Martilla (State or Country.) Columbia S. America
8. Mother's Name and Birthplace, Julisa Borge (State or Country.) Columbia S. America
9. Place of Death, (If an institution, please state the name.) No. 143 East 76th St. Street 19 Ward 11
10. If a Dwelling, by how many families, living separately, occupied, 3 Floor 2nd floor (Number and name of the floor.) S.M. Greene, 302 W. 34th St.

11. I Heroby Certify, that I attended deceased from August 1884 to February 17 1885 that I last saw him alive on the 17th day of February 1885, that he died on the 18th day of February 1885, about 12.0 o'clock, AM. or P.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 which gives, as returned from its commencement until death.
		Years	Months	Days	Hours	
<u>Mitral Disease of the Heart</u>		<u>1</u>	<u>about</u>			
<u>Constriction of lungs, trachea,</u>						
<u>& liver</u>		<u>5</u>	<u>about</u>			

Sanitary observations, _____

Witness my hand this 18th day of February 1885
 of Burial Permit, Holy Cross Church (Signature,) S. M. Greene M.D.,
 of Burial, Holy Cross Church
 of Burial, Feb 19 1885 Residence, 302 W. 34th St
 of Undertaker Thomas Tracy 601 Myrtle Ave 15th St.

Room for granting Burial Permits, No. 48. Hours from 7 A.M. to 6 P.M. on week days; from 8 A.M. to 5 P.M. on Sundays.
 * By 1st floor is meant the floor immediately above or on a level with the grade of the street adjoining; the basement floor is below the level of the adjoining street.
 † Please examine the list of diseases printed on the back of this certificate.

Law regulating Coroners' Inquests in the County of New York, Chapter 493, Laws of 1871.
 SECTION 2.—Hereafter, when in the City and County of New York, any person shall die from criminal violence, or by fire, water, or suddenly, unless in apparent health, or succumbed by a physician, or in prison, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall view the body of such person externally, or make an autopsy thereon, as may be required (preparatory to an inquest).
 § 3.—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 registration. In case of the issuance of a duplicate Certificate, the word "Duplicate" should be written across it.