

1 PLACE OF DEATH

BOROUGH OF

Manhattan

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
STANDARD CERTIFICATE OF DEATH

No.

N. Y. City Home S. I.

St.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

Hospital and
Institution

Registered No. 1965

2 FULL NAME

John Flick

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widower

15 DATE OF DEATH

Male

white

January 14th, 1913
(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from January 7th 1913 to January 14th 1913, that I last saw him alive on the 14th day of January 1913, that death occurred on the date stated above at 5 P.M., and that the cause of death was as follows:

7 AGE

74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

tribul Respirator
170
duration yrs. mos. ds.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

U.S.

(A) How long in U. S. (if of foreign birth)

(B) How long resident in City of New York Life

10 NAME OF FATHER

Gabriel Flick

Contributory (Secondary) Chronic Pancreatitis Nephritis

11 BIRTHPLACE OF FATHER (State or country)

U.S.

12 MAIDEN NAME OF MOTHER

Elizabeth Blue

13 BIRTHPLACE OF MOTHER (State or country)

U.S.

duration yrs. mos. ds. Witness my hand this 14th day of January 1913

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence

Sylvian Hotel 21st St
Rm 2nd + 3rd floor by C

Signature Jas. J. Glenn M. D.
Address N. Y. City Home S. I.

Where was disease contracted, if not at place of death?

17 PLACE OF BURIAL

DATE OF BURIAL

18 UNDERTAKER

ADDRESS

FILED