

STATE OF NEW YORK
CERTIFICATE OF DEATH

Registered No. 81

(If death occurred in a Hospital or Institution, give the NAME, location of street and number.)

(If necessary, designate the duration from entry)

Samuel David Isaac Diamond

MEDICAL CERTIFICATE OF DEATH

Date of Death April 17 1906

I HEREBY CERTIFY, That I attended deceased from April 12 1906 to April 17 1906 that I last saw him alive on April 17 1906 and that death occurred, on the date stated above, at 7 1/2 P. M.

THE CAUSE OF DEATH was as follows:
Chronic Scurvy on basis of prolonged
ing bill of child in N.Y.C.
27.12.06. After injection with
100 cc of the anti-scurvy

Contributory..... (DURATION)..... days

(Signed) E. A. Romig M. D.
April 17th (ADDRESS) New York

SPECIAL INFORMATION only for Hospitals, Institutions, Truants, or Recent Residents.

Name or Usual Residence..... How long at Place of Death?..... Days

If there was disease contracted, if not at place of death?

Place of Burial or Removal..... Date of Burial.....
Howberg Rana Conv April 17 1906
Undertaker..... Address.....

W. S. Hollander of New York



Place of Birth.....
Age.....
Married or Divorced.....
Married
Samuel David Isaac Diamond
Manhattan
New York

Signature.....
Samuel P. Isaac
New York

The above stated personal particulars are true to the best of my knowledge and belief
Informant.....
Samuel P. Isaac
New York

190.....
Registrar.....