/na. 1	84) ST. JOHNS PLACE	STATE OF NEW YORK nt of Health of The City of New York BUREAU OF RECORDS STANDARD CERTIFICATE OF DEATH
whithat hotel, h	e tenement, private, etc. +enoment orpital or other place, etc. +enoment	Registered No
uproduction or a	FULL NAME ELIAS A DOLON	The same that the same and the
E A	Tale White Single Married Wildows on Divorbed OR Divorbed (Write the word)	AUGUST S ,19.22- (Month) (Day) (Year)
TER CENTIFICATE TO CONTROL T	SBAND OF LIBA WOLL MAN OF BIRTH SEPT. 20, 1868 (Month) (Day) (Year) If LESS than 1 day,	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 Aug 5 19. 10. 10. Aug 5 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
NI FILA	11 BIRTHPLACE OF FATHER (Master Russia)	(Secondary Pulmorary Oldews.
NO N	13 BIRTHPLACE OF MOTHER OF MOTHER PRISE OF MOTHER OF MOTHER	duration yrs mos ds. Witness my hand this 5th day of Aug 0.3 2
For	(State or country) pecial INFORMATION required in deaths in hospitals and institu- nd in deaths of non-residents and recent residents. rmer or Residence	Signature Ineph Phickelm.M.D. Address 100 Preside J.A.
4	Fre Hount Carmel	DATE OF BURIAL

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES MUNICIPAL ARCHIVES

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George J. Rios

Commissioner, D.O.R.I.S.

Kenneth R. Cobb

Kennette R. Coll

Director, Municipal Archives