

MUNICIPAL ARCHIVES & RECORDS CENTER
238 WILLIAM STREET NEW YORK, N. Y. 10038



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Miss Anne McLarney
5043 Pearce
Lakewood, California 90712

MUNICIPAL ARCHIVES & RECORDS CENTER
238 WILLIAM STREET
NEW YORK, N. Y. 10038

May
14
1968

Miss Anne McLarney
5043 Pearce
Lakewood, California 90712

Dear Miss McLarney:

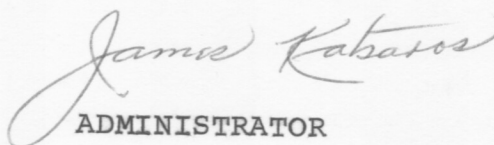
I have your letter of May 8th and I am afraid there is nothing in our sources which would assist you with your research on Mrs. Nina Jennier.

The Birth, Marriage and Death Registers on file in the Municipal Archives are for the years prior to 1866. The records are arranged in chronological order and unless you can be specific as to the years you wish searched, it would not be possible for us to assist you. For the death record you seek, I suggest that you fill out the inclosed form and return it to The Department of Health, 125 Worth Street, New York, N.Y. 10013 with your remittance. The fees for searches in the Register are indicated at the top of the form.

Since you appear to be doing extensive genealogical research, I would advise that you contact the aid of a reputable genealogical organization. The New York Genealogical and Biographical Society at 122 East 58th Street in New York City specializes in this type of service and would be in a position to assist you. Another source you might try is The Genealogical Society of The Church of Latter Day Saints in Salt Lake City, Utah. This Society has on file family genealogies, church records, census records, etc.

If we can be of further service, please let us know.

Very truly yours,


ADMINISTRATOR

James Katsaros
VM

Inclosure

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF RECORDS AND STATISTICS

BOROUGH OFFICES

MANHATTAN — 125 WORTH STREET, NEW YORK, N. Y. 10013

BROOKLYN — 295 FLATBUSH AVE. EXT., BROOKLYN, N. Y. 11201

BRONX — 1826 ARTHUR AVENUE, BRONX, N. Y. 10457

QUEENS — 90-37 PARSONS BLVD., JAMAICA, N. Y. 11432

RICHMOND — 51 STUYVESANT PLACE, STATEN ISLAND, N. Y. 10301

APPLICATION FOR A COPY OF A DEATH RECORD

APPLICATION SHOULD BE MADE AT OFFICE LOCATED IN BOROUGH OF DEATH EITHER IN PERSON OR BY MAIL. (ADDRESSES OF BOROUGH OFFICES LISTED ABOVE.) DEATH RECORDS ARE FILED IN BOROUGH IN WHICH THE DEATH OCCURRED.

FEES: When the year is furnished, the records will be examined and the result of the search certified for two dollars. If the record is on file, a certified copy of the death certificate will be issued. If the record is not on file, a certified Not Found Statement will be issued. A separate fee is charged for each name. When a number of years are to be searched, fifty cents must be added for each year in addition to the fee (\$2.00) for the first two consecutive years to be searched. Example: For a search of a record which occurred between 1896 and 1901, the fee is two dollars for 1896 and 1897 and fifty cents for each extra year, making a total of four dollars for this search. For additional copies of a certificate, the charge is one dollar each if requested at the time of this application. Send check or money order payable to the Department of Health, The City of New York. Stamps or foreign currency cannot be accepted. APPLICANTS ARE ADVISED NOT TO SEND CASH BY MAIL.

NOTE: Section 205.07 of the Health Code provides, in part: "... the confidential medical report of death shall not be subject to subpoena or to inspection." Therefore, copies of the confidential medical report of death cannot be issued.

Print All Items Clearly—Attach Self Addressed Envelope

1. NAME _____
(First Name) (Last Name at Time of Death)
2. DATE OF DEATH _____ AGE AT TIME OF DEATH _____
(Month) (Day) (Year)
3. PLACE OF DEATH _____ BOROUGH _____
(Number and Street or Name of Hospital)
4. NAME OF HUSBAND OR WIFE _____
5. FATHER'S NAME _____
(First Name) (Last Name)
6. MOTHER'S MAIDEN NAME _____
(First Name) (Family name before marriage)
7. ADDITIONAL INFORMATION _____

8. NUMBER OF COPIES DESIRED _____ BURIAL PERMIT No. _____
9. FOR WHAT PURPOSE ARE YOU GOING TO USE THIS CERTIFICATE? _____
10. YOUR RELATIONSHIP TO DECEDENT _____

Sign Your Name and Address Below

Name _____

Address _____

City _____ State _____ Zip Code _____