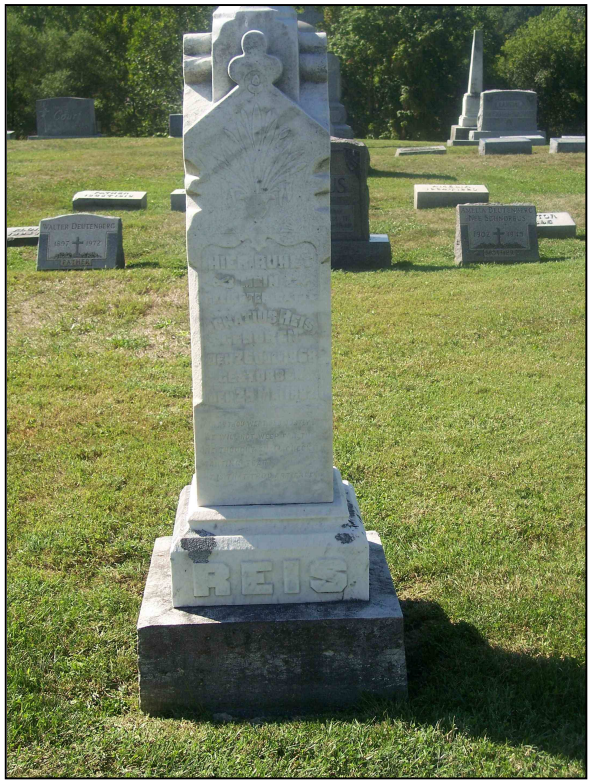
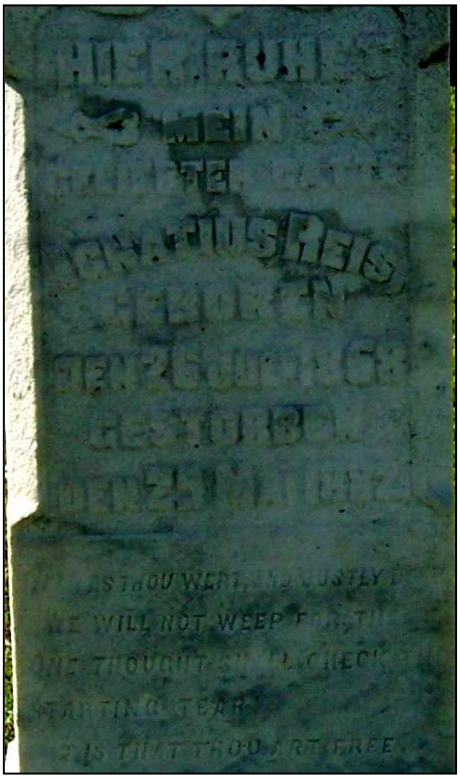
Rice, Ignatius 1858 - 1882





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This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit will be issued.

RETURN OF A DEATH.

263

PHYSICIAN'S CERTIFICATE.

(TO BE FILLED OUT AND SIGNED BY THE PHYSICIAN.)

Name of Deceased Ignatius Rais

Color ..... *Sex* ..... *Age* 24

Married, Single, Widow or Widower .....

Duration of Last Illness, 4 days

Date of Death May 29th 1882

Cause of Death, { *Remote or Predisposing* Malaria
Immediate Meningitis.

J J DeLaney M. D.
1140 Madison st

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

(UNDERTAKERS ARE ESPECIALLY REQUESTED TO HAVE BLANKS FILLED OUT IN FULL.)

Occupation Butcher

Place of Birth Covington

Residence 1st *Ward* Austenburg *Street, No.* .....

~~*Tenement or Private Residence*~~ .....

Time of Residence in the City about 24 years

Place of Previous Residence .....

When a Minor, { *Name of Mother* .....
Name of Father .....

Nativity of { *Mother* Germany
Father Germany

Place of Intended Interment St Marys

Date of Intended Interment May 31st 1882

Wm Killen & Co *Undertaker.*

Date of Certificate May 30th *Residence* 6th Street

BURIAL PERMITS can be obtained at the Health Office during the week between the hours of 9 A. M. and 12 M., and from 1 to 5 P. M.