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.

PHYSICIAN'S CERTIFICATE. 731

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

Name of Deceased Mary Anne Bornhorn

Color White Sex Female Age 4 Years

Married, Single, Widow or ~~Widower~~

Duration of Last Illness

Date of Death Dec 21/1888

Cause of Death, { Remote or Predisposing Pneumonia
Immediate

J J Delaney M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation

Place of Birth Covington Ky

Residence 5 Ward 6 Spring St Street, No.

~~Tenement or~~ Private ~~Residence~~

Time of Residence in the City 4 Years

Place of Previous Residence

When a Minor, { Name of Mother Mary
Name of Father

Nativity of { Mother
Father

Place of Intended Interment Mother of God N

Date of Intended Interment Dec 24/1888

Middendorf Bond & Co Undertaker.

Date of Certificate Residence

BURIAL PERMITS can be obtained at the Health Office during the week between the hours of 9 A. M. and 12 M., and from 2 to 5 P. M.