

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.

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

Name of Deceased *Paul Bornhorn*
 Color *White* Sex *male* Age *4 Months*
 Married, Single, Widower or Widow
 Duration of Last Illness
 Date of Death *July 20/1893*
 Cause of Death, { Remote or Predisposing *Premature*
 { Immediate *Inanition*
Jos. J. Dolan, M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation
 Place of Birth *Barnington N.H.*
 Residence *2* Ward *North St.* Street No. *105*
 Tenement or ~~Private~~ Residence
 Time of Residence in the City *4 Months*
 Place of Previous Residence
 When a Minor, { Name of Mother *Bora*
 { Name of Father *Paul*
 Nativity of { Mother
 { Father
 Place of Intended Interment *Wether of Good Hope*
 Date of Intended Interment *July 21/1893*
 Date of Certificate *Widdendyke Paul* Undertaker.
 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 1 to 5 P. M.