

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 *Henry J. Bornhorn*
 Color *White* Sex *Male* Age *42*
 Married, ~~Single, Widow or Widower~~
 Duration of Last Illness *3 days*
 Date of Death *Feb 27 - 1895*
 Cause of Death, { Remote or Predisposing
 " Immediate *Cardiac*
John A. Blaney M. D.

Undertaker's Certificate in Relation to Deceased.

Undertakers are especially requested to have Blanks filled out in full.

Occupation *Carrver*
 Place of Birth *Corington Ky*
 Residence *3* Ward *Three* Street No. *138*
 Tenement or ~~Private Residence~~
 Time of Residence in the City *43 years*
 Place of Previous Residence _____
 When a Minor, { Name of Mother _____
 Name of Father _____
 Nativity of { Mother *German*
 Father *" "*
 Place of Intended Interment *Mother of Gods Ch*
 Date of Intended Interment *March 1 - 1895*
Leimemann's Mortuary Undertaker.
 Date of Certificate _____ Residence *977 Madison Ave*

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