

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.

740

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

Name of Deceased Infant Bornhorn  
 Color white Sex Male Age 15 months  
 Married, Single, Widow or Widower \_\_\_\_\_  
 Duration of Last Illness \_\_\_\_\_  
 Date of Death Dec 25" 1890  
 Cause of Death, { Remote or Predisposing \_\_\_\_\_  
 { Immediate Premature Birth  
Mrs Schumoller Midwife

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation \_\_\_\_\_  
 Place of Birth City  
 Residence 3 " Ward Lower Street, No. 23  
 Tenement or Private Residence \_\_\_\_\_  
 Time of Residence in the City Since birth  
 Place of Previous Residence \_\_\_\_\_  
 When a Minor, { Name of Mother Mary Bornhorn  
 { Name of Father Henry  
 Nativity of { Mother \_\_\_\_\_  
 { Father \_\_\_\_\_  
 Place of Intended Interment Master of Good Will  
 Date of Intended Interment Dec 26 1900  
Leimann & Sons 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.