

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 *7 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. Sulanney, M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation.....
 Place of Birth *Berlington*
 Residence *Berlington* Ward..... Street, No.....
~~Tenement or Private Residence~~.....
 Time of Residence in the City *7 years*
 Place of Previous Residence.....
 When a Minor, { Name of Mother *Mary*
 Name of Father *J. H.*
 Nativity of { Mother.....
 Father.....
 Place of Intended Interment *Wether of God St*
 Date of Intended Interment *Dec 24/1888*
Widdensbury Booth 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.