

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.

624

PHYSICIAN'S CERTIFICATE.

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

Name of Deceased *Joseph Bornhorn*
 Color *white* Sex *Male* Age *3 yrs 2 mths*
 Married, Single, Widow or Widower
 Duration of Last Illness
 Date of Death *Nov 4th 1885*
 Cause of Death, { Remote or Predisposing *Diphtheria*
 { Immediate
H. D. Graytor, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation
 Place of Birth *City*
 Residence *6th Ward, 1st Precinct Street No. 25*
 Tenement or Private Residence *Private Residence*
 Time of Residence in the City
 Place of Previous Residence
 When a Minor, { Name of Mother *Lydia Bornhorn*
 { Name of Father *Louis*
 Nativity of { Mother *German*
 { Father
 Place of Intended Interment *Master of God*
 Date of Intended Interment *November 5, 1885*
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 1 to 5 P. M.