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.

222

PHYSICIAN'S CERTIFICATE.

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

Name of Deceased Bornhorn

Color White *Sex* Female *Age* 2 1/2 Years

~~*Married*~~, *Single, Widow or Widower*

Duration of Last Illness

Date of Death May 3/1885

Cause of Death, { *Remote or Predisposing* / *Immediate* Pneumonia

Geo. L. Dulaney, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation

Place of Birth Covington Ky

Residence 5 *Ward.* Cranz *Street. No.* 804

Tenement or ~~Private Residence~~

Time of Residence in the City 2 1/2 Years

Place of Previous Residence Covington Ky

When a Minor, { *Name of Mother* Katie / *Name of Father* Henry

Nativity of { *Mother* / *Father* Germany

Place of Intended Interment Mother of Gods

Date of Intended Interment May 4 1885

Maennedes Bro & Co, *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.