

Mrs Schumoller M. D.

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.

8059

279

May 7/92

PHYSICIAN'S CERTIFICATE.

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

Name of Deceased Mary Bornhorn
 Color white Sex female Age 30 minutes
 Married, Single, Widow or Widower

Duration of Last Illness

Date of Death May 6th 92

Cause of Death, { Remote or Predisposing

{ Immediate Purpura
Eligabeth Schumoller, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation

Place of Birth Leavington Ky

Residence 3rd Ward Leavington Street No. 23

Tenement or Private Residence Private

Time of Residence in the City Since birth

Place of Previous Residence

When a Minor, { Name of Mother Mary Bornhorn
 { Name of Father Heartman Co

Nativity of { Mother American
 { Father

Place of Intended Interment Mother of Gods Old

Date of Intended Interment May 6th 92
Rimmann & Moon, 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.