

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.

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

Name of Deceased *Nichlos Bornhorn*  
 Color *White* Sex *Male* Age *3 yr*  
~~Married, Single, Widower~~ *Widower*  
 Duration of Last Illness *Four days*  
 Date of Death *Jan 15 " 1888*  
 Cause of Death, { Remote or Predisposing  
 { Immediate *Siphtheria*  
*C. H. Thomas, 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 *6 " Ella Street, No. 1536*  
 Tenement or Private Residence *Private*  
 Time of Residence in the City *Since birth*  
 Place of Previous Residence .....  
 When a Minor, { Name of Mother *Bridget Bornhorn*  
 { Name of Father *Nichlos " "*  
 Nativity of { Mother *American*  
 { Father .....  
 Place of Intended Interment *St Marys*  
 Date of Intended Interment *Jan 17 " 1888*  
*Leinmann & Moore, 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.