

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.

602

PHYSICIAN'S CERTIFICATE.

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

Name of Deceased John C Moeller
 Color White Sex male Age 1 Year
 Married, Single, Widow or Widower
 Duration of Last Illness about 3 days
 Date of Death Oct 31/1887
 Cause of Death, { Remote or Predisposing
 { Immediate Spina meningitis
 M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation
 Place of Birth Corky Craig
 Residence 8 Ward Craig Street No.
 Tenement or Private Residence
 Time of Residence in the City 1 Yr
 Place of Previous Residence Clarky
 When a Minor, { Name of Mother Mary
 { Name of Father Herman
 Nativity of { Mother
 { Father W. E. Gray
 Place of Intended Interment Mother of Gray
 Date of Intended Interment Nov 2/1887
W. J. Adams 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.