

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,

443

(To be filled out and signed by the Physician.)

Name of Deceased Herman Overwein  
 Color White Sex Male Age 27 years  
~~Married~~, Single, ~~Widow~~ or ~~Widower~~  
 Duration of Last Illness About four months.  
 Date of Death Aug. 5 1896  
 Cause of Death, { Remote or Predisposing Measles.  
 { Immediate Croup  
 \_\_\_\_\_  
Jno. M. Blair M. D.

## Undertaker's Certificate in Relation to Deceased.

(Undertakers are especially requested to have Blanks filled out in full).

Occupation \_\_\_\_\_  
 Place of Birth Levington  
 Residence Ward Bakewell Street, No. 321  
~~Tenement or Private Residence~~ \_\_\_\_\_  
 Time of Residence in the City \_\_\_\_\_  
 Place of Previous Residence \_\_\_\_\_  
 When a Minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 Nativity of { Mother \_\_\_\_\_  
 { Father \_\_\_\_\_  
 Place of Intended Interment Method of God of  
 Date of Intended Interment Aug 7 1896  
Geo. Walker & Co Undertaker.  
 Date of Certificate Aug Residence 6 st