



This blank is required to be filled out and furnished to the Health Officer before a burial permit shall be issued.

No. _____
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE. 037

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

Name of Deceased Joseph Overweim

Color White; Sex Male; Age 33 yrs. mos. days; Married, Single, Widow, or Widower.

Duration of last illness About 3 months.

Date of Death January 19

Cause of Death: { Remote or Predisposing Phthisis Pulmonalis
 { Immediate Pulmonary Haemorrhage

Geo. W. H. Blair, M. D.
Office 1056 Russell St. Covington Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation Brickler

Place of Birth W. S.

Place of Death 5 Ward Berry Street, No. 20

Residence 5 Ward Da Street, No. 20

Tenement ~~or~~ Private Residence

Time of Residence in the City 33 years

Place of Previous Residence Covington

When a Minor, { Name of Mother _____
 { Name of Father _____

Nativity of { Mother _____
 { Father _____

Place of Intended Interment Abathon of Good Hope

Date of Intended Interment Jan 22

Wm. Killion & Co Undertaker.

Date of Certificate Office 46 West 6th Street

BURIAL PERMITS can be obtained at the Health Office during the week between the hours of 9 A. M. and 4 P. M. On Sundays between 9 and 10 o'clock A. M.