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.

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PHYSICIAN'S CERTIFICATE.

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

Name of Deceased: Wallace Byrd

Color: White Sex: Male Age: 11 Months

Married, Single, Widow or Widower: Single

Duration of Last Illness: 4 months

Date of Death: July 18th 1887.

Cause of Death, Remote or Predisposing: Dentition

Immediate: Meningitis

A Averdick, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation: None

Place of Birth: Kansas

Residence: 5 Ward. Riddle Street. No. 175

Tenement or Private Residence: Private

Time of Residence in the City: 3 Months

Place of Previous Residence: Kansas

When a Minor, Name of Mother: Carrie E Culbertson

Name of Father: Lafayette Byrd

Nativity of Mother: Ky.

Father: Ky.

Place of Intended Interment: Highland

Date of Intended Interment: July 19th

Abbott & Hearn, Undertaker.

Date of Certificate: , Residence: City

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.