

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.

416

## PHYSICIAN'S CERTIFICATE,

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

Name of Deceased *Edward Kampsen*  
 Color *white* Sex *male* Age *10 Months*  
 Married, Single, Widow or ~~Widower~~.....  
 Duration of Last Illness.....  
 Date of Death *July 22 1895*  
 Cause of Death. { Remote or Predisposing *Sanctum*  
 { Immediate *Congestion of Brain*  
*A. H. Kampsen* M. D.

## Undertaker's Certificate in Relation to Deceased.

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

Occupation.....  
 Place of Birth *Germany*  
 Residence *9th* Ward *E 12* Street No. *215*  
~~Temporary~~ or Private Residence.....  
 Time of Residence in the City *Since birth*  
 Place of Previous Residence.....  
 When a Minor, { Name of Mother *Theresa Kampsen*  
 { Name of Father *Jos*  
 Naticity of { Mother *German*  
 { Father.....  
 Place of Intended Interment *North of York, Pa*  
 Date of Intended Interment *July 23*  
*Lineman* Undertaker.  
 Date of Certificate..... Residence.....

BURIAL PERMITS can be obtained at the Health Office during the week bet. the hours of 9 A. M. and 12 M. and 1 to 5 P. M