

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.

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

435

Name of Deceased *Henry Kampsen*

Color *White* Sex *male* Age *4 months*

~~Married, Single, Widower or Widow~~

Duration of Last Illness *About 4 days*

Date of Death *July 7th 1889*

Cause of Death, { Remote or Predisposing *Cholera Infantum*

{ Immediate *Asst. Physician and Council
Geo. M. Blane M.D.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Occupation _____

Place of Birth *City*

Residence *3* Ward *East 11* Street, No. *59*

Tenement or ~~Private Residence~~ _____

Time of Residence in the City _____

Place of Previous Residence _____

When a Minor, { Name of Mother *Louisa Kampsen*

{ Name of Father *Joseph*

Nativity of { Mother *American*

{ Father *German*

Place of Intended Interment *New Mother of God*

Date of Intended Interment *July 1889*

James M. Moore 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 2 to 5 P. M.