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. 602

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

Name of Deceased Joseph Kampsen

Color White *Sex* male *Age* 3 months

~~Married~~, Single, ~~Widow or Widower~~

Duration of Last Illness about two months.

Date of Death Sept 7th 1890

Cause of Death, { *Remote or Predisposing* Malnutrition.
Immediate Asthenia.

Jno. M. H. 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 Covington Ky

Residence 102 *Ward* 2 Watkins *Street, No.* 104

Tenement or Private Residence Tenement

Time of Residence in the City Since birth

Place of Previous Residence

When a Minor, { *Name of Mother* Tracy Kampsen
Name of Father Jacob

Nativity of { *Mother* German
Father "

Place of Intended Interment Mother of G. ch new

Date of Intended Interment Sept 9th 1890

Kennedy & Moore *Undertaker.*

Date of Certificate *Residence* 717 719 Madison

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.