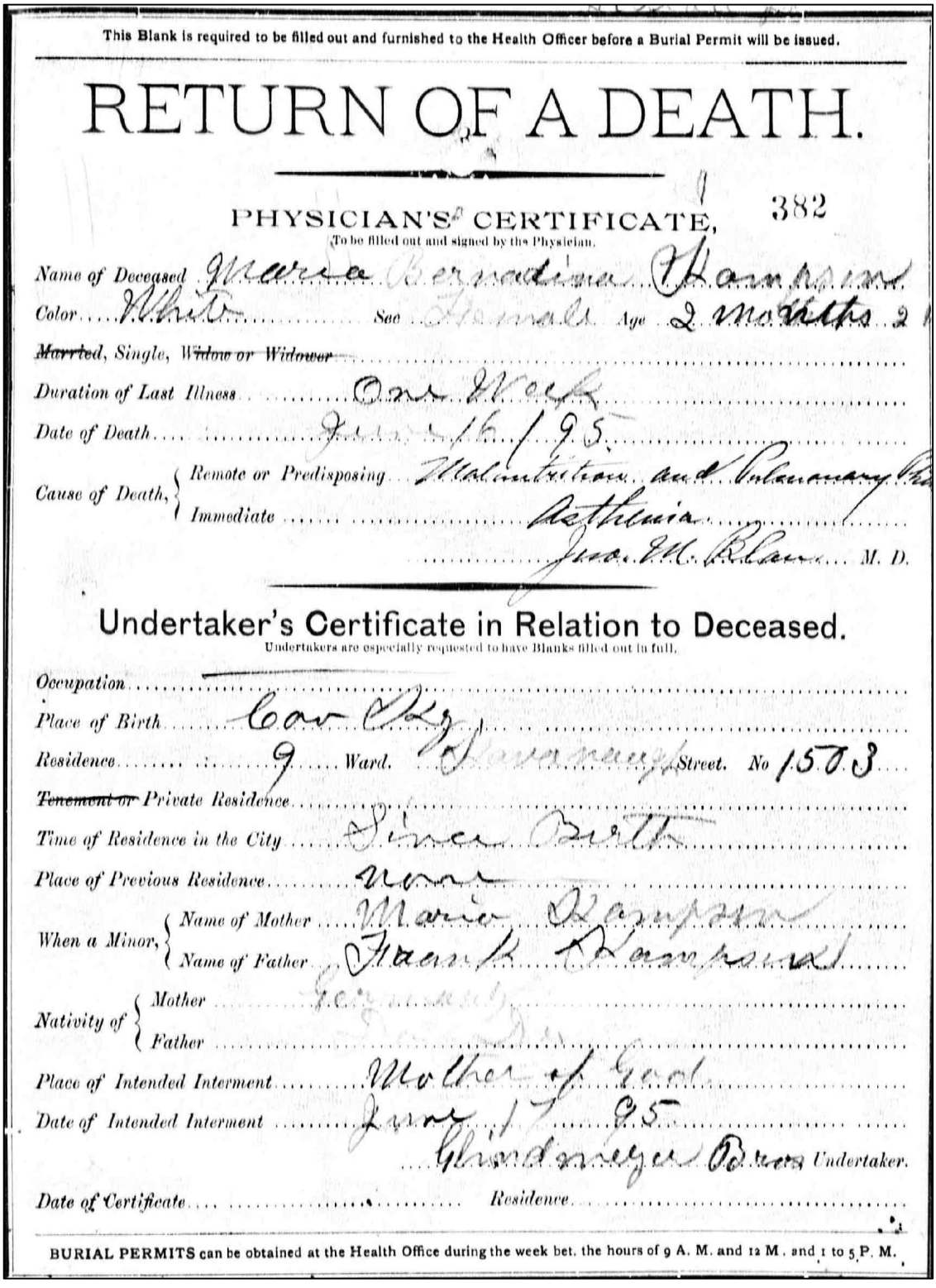

This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit will be issued.

RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE,

(To be filled out and signed by the Physician.

Name of Deceased Maria Bernadina Kampsen

Color White *Sex* Female *Age* 2 months 2

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

Duration of Last Illness One Week

Date of Death June 16/95

Cause of Death, { *Remote or Predisposing* Malnutrition and Pulmonary Ph
Immediate Asthenia

Jno. M. Blau M. D.

Undertaker's Certificate in Relation to Deceased.

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

Occupation

Place of Birth Cov Ky

Residence 9 *Ward.* Savannah *Street.* No 1503

~~*Tenement or*~~ *Private Residence*

Time of Residence in the City Since Birth

Place of Previous Residence none

When a Minor, { *Name of Mother* Maria Kampsen
Name of Father Frank Kampsen

Nativity of { *Mother* Germany
Father Do Do

Place of Intended Interment Mother of God

Date of Intended Interment June 17 95

Glindmeyer Bros *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.