

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.

240

1907
Apr 7/92

PHYSICIAN'S CERTIFICATE.

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

Name of Deceased *Norbert Kampsen*
 Color *white* Sex *male* Age *7 7/8 months*
 Married, Single, ~~Widow or Widower~~
 Duration of Last Illness *About two weeks*
 Date of Death *April 6th 1892*
 Cause of Death, { Remote or Predisposing *Catarrhal Pneumonia*
 { Immediate *Complications*
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 *Rowington, Ky.*
 Residence *10* Ward *North* 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 *Jessie Kampsen*
 { Name of Father *Joseph*
 Nativity of { Mother *American*
 { Father *German*
 Place of Intended Interment *Heather of Gods new*
 Date of Intended Interment *April 12th 1892*
Rimmelman & 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 1 to 5 P. M.