

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 *Pauline Kampsen*

Color *White* Sex *Female* Age *28* Years

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

Duration of Last Illness *About three days*

Date of Death *March 27 1895*

Cause of Death, { Remote or Predisposing *Measles*

{ Immediate *Apoplexy*

..... *Jno. M. Blum* 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 *9* Ward *Kavanaugh* Street. No. *1572*

Tenement or Private Residence *Private*

Time of Residence in the City *4 years*

Place of Previous Residence *Germany*

When a Minor, { Name of Mother

{ Name of Father

Nativity of { Mother

{ Father

Place of Intended Interment

Date of Intended Interment *March 30 1895*

..... *Glennberger*, 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.