

Meyers, Joseph C 1861 - 1897



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.)

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Name of Deceased Joseph Meyers
 Color White Sex Male Age 35 1/2 M.
 Married, ~~Single, Widow or Widower~~
 Duration of Last Illness _____
 Date of Death Jan 18 1897
 Cause of Death, (Remote or Predisposing) _____
 (Immediate) Typhoid fever
J M. Duff M. D.

Undertaker's Certificate in Relation to Deceased.

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

Occupation _____
 Place of Birth Leaving time
 Residence Ward Bush East Street, No. 54
 Tenement or Private Residence _____
 Time of Residence in the City _____
 Place of Previous Residence _____
 When a Minor (Name of Mother) _____
 (Name of Father) _____
 Nativity of (Mother) _____
 (Father) _____
 Place of Intended Interment Mount of Gods church
 Date of Intended Interment Jan. 21 1897
Wm. Stibben Undertaker.
 Date of Certificate _____ Residence 6 st