

Meyers, Lillian 1886 - 1898



BUREAU OF VITAL STATISTICS,
CERTIFICATE OF DEATH.

304

Full name of deceased, Lillian Meyers

*White, ~~Colored~~, 3.—~~Male~~, Female. 4.—Age, 12 years, - months, - days.

*Single, ~~Married~~, Widower, Widow. 6.—Occupation, -

Place of birth, Italy 8.—If foreign born, how long in U. S. - years.

How long resident in city, Life years. 10.—Father's name, -

Father's birthplace, Italy 12.—Mother's name, Elizabeth Meyers

Mother's birthplace, Italy

Place of death, No. 6 Terrace Ward, -

Place of Residence, No. 6 Terrace Ward, -

Private, ~~Tenement~~, Public Institution. 17.—Date of death, April 3 - 1898 M.

Cause of death, { Remote or Predisposing Enteritis and Typhoid
 { Immediate Paralysis of bowels.

Duration of last illness, 7 days. 20.—I certify that I attended the person above named in her last illness.

Date of interment, April 6, 1898 M. Her interment M. D.

Place of interment, Methodist Church Address, 719 12th St.

of Undertaken, J.B. Miller & Co. Coroner

* DRAW A LINE THROUGH WORDS NOT REQUIRED.