

RETURN OF A DEATH IN THE CITY OF PHILADELPHIA.

Physician's Certificate.

1. Full Name of Deceased, Rugh M. ^{Mc}Grain
 2. Color, White State if Chinese, Japanese, Indian.
 3. Sex, Male
 4. Single, Married, married State if Widow, Divorced.
 5. Age, { Years, 42 } 6. Date of Death, { Year, 1904
 { Months, 4 } { Month, Aug
 { Days, 18 } { Day, 18th

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTERLINED, CORRECTED or ALTERED, as all such changes impair its value as a Public Record.

7. Cause of Death, { Chief, Acute Anterior Myelitis
 { Contributing, Cardiac Exhaustion
 Signature: C. J. Somerville M. D.
 Residence, 5120 Market St.

This Certificate must not be issued for any other purpose than as a report to the Board of Health. Should the Physician issue a duplicate, it must be distinctly marked "Duplicate," and state why issued.

Undertaker's Certificate.

8. Occupation, Teamster 9. Place of Birth, Philada
 (Give occupation for all persons 13 years of age and over.)
 10. Birthplace of Father, Ireland 11. Birthplace of Mother, Ireland
 12. When a { Name of Father, _____
 Minor, { Name of Mother, _____
 13. Last place of Residence, (This need only be given when the deceased resided out of the city.) _____
 14. Place of Death, Street and No. 1332 Chestoga St.
 15. Ward, wherein death occurred, 34th
 16. Buried from, Street and No. 1332 Chestoga St.
 17. Date of Burial, August 22nd 1904
 18. Place of Burial, St. Ann's Cemetery

This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.

Signature: John J. Bradley Und
 Residence, 48th & Mylusing Ave