

This constitutes one Certificate. To be returned, by the Superintendent of Cemeteries, to Health Officer, on Saturday of each week, before 12 M.

3423

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.

PHYSICIAN'S CERTIFICATE.

- 1. Name of Deceased, Julia O. Brinn
- 2. Color, White
- 3. Sex, Female
- 4. Age, 68 yrs. ~~maried~~
- 5. Married or Single, Married
- 6. Date of Death, Aug. 7th 1900
- 7. Cause of Death, Cholera Morbus

W. O. Higgin M. D.

Residence, 822 N. 4th St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 8. Occupation, Housekeeper
- 9. Place of Birth, Ireland
- 10. When a Minor, { Name of Father, _____
Name of Mother, _____
- 11. Ward, 34th
- 12. Street and Number, 1332 Conestoga St.
- 13. Date of Burial, August 10th 1900
- 14. Place of Burial, St. Dennis Cemetery

James J. Keenelly Undertaker.

Residence, 14051 Lancaster Ave.

Undertakers must state the place of death; the place from which the deceased is to be buried may be added, if desired.