RECORD OF A DEATH IN PHILADELPHIA, 8520

PHYSICIAN'S CERTIFICATE.

Full Name of Deceased,	Les. Q (x	Barclay		
Sex, Dule	• •	//	Chinese apanese	
Single, Married,		State if V	ridian Vidow Vidower INACCI	No Certificate will be accepted is MUTILATED, ILLEGIBLE, RATE, or any portion of last been ERASED, INTER-
Date of Sirth. Wear, 1876 Birth. Month. May Day, 16		Age, Years, Months, Days, Days, Days, Months, Months, Days, Months, Days, Months, Mont	LINED, as all a sa a pai	CORRECTED or ALTERED, ack changes impair its value blic record.
FORMER OR 5838	Whithy		······································	ONTHO
WHERE WAS DISEASE CONTRACTED P	Phila.			·
I Hereby Certify,	That I attended deceased	from 4-2	190_9to	1-31909
that I last saw handalive	on 4 - 3	190_9_ and that de	eath occurred, on	the date stated above
at 8,40 A	. The CAUSE OF DEAT	H was as follows:		DURATION.
Schief, Perito	itis for	llowing		MosDays
Contributing,	<u>cendent</u>	<u>ن</u> .		Mos. Days
be issued for any other purpose than as a report to the Board of Bealth. Should the Physician issue a duplicate, it must be distinctly marked "Duplicate," and state why issued.	Signed,	ention, Cum	Russ usey s	tional transfer of the contract of the contrac
UNDERTAKER'S CERTIFICATE.				
Occupation, Dentist. (Give occupation for all persons	14 years of age and over)		United	
Birthplace of Father, Un		Birthplace of	Mother, Unite	d States
Name of Father, 2.7	.Parclay			***************************************
Maiden Name of Mother,				
Ward, {Give ward of Residence, In such cases give ward o				
Buried from, Street and No.		5838 Whitby Ave	e.	
Date of Burial,		April/6.1303.		***************************************
Place of Burial,	7.5	aston.Fa.		
ag-This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.	Residence.	3020	S. Shur	tleff Undertaker.