

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.

Physician's Certificate.

1. Name of Deceased,
2. Color,
3. Sex,
4. Age,
5. Married or Single,
6. Date of Death,
7. Cause of Death,

William J. Carlin

White

Male

44 years

Married

Sept. 24th 1901

Cirrhosis of Liver

J. O. Runkle M. D.

Residence,

1605 Christian 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 in Relation to Deceased.

8. Occupation,
9. Place of Birth,
10. When a Minor, { Name of Father,
Name of Mother,
11. Ward,
12. Place of Death, Street and Number,
13. Buried from, Street and Number,
14. Date of Burial,
15. Place of Burial,

Salvage-keeper
Ireland

Name of Father,
Name of Mother,

36th

1637 South 20th St

1637 South 20th St

Saturday Sept. 28th 1901

St. Charles Kellyville

David W. Guffey Undertaker.

Residence,

145 N. 13th St