

RETURN OF A DEATH
IN THE CITY OF PHILADELPHIA.
PHYSICIAN'S CERTIFICATE.

15753

1. Name of Deceased, *Henry Harrison Reddick*
2. Color, *White*
3. Sex, *male*
4. Age, *46 years*
5. Married or Single, *married*
6. Date of Death, *Feb 5" 1900*
7. Cause of Death, *Empyema (Nephritis)*

C. C. Wang M. D.

Residence, *1101 Arch St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Reporter*
 9. Place of Birth, *U.S.*
 10. When a Minor, { Name of Father, *~*
 Name of Mother, *~*
 11. Ward, *32*
 12. Street and Number, *2029 W 17 St*
 13. Date of Burial, *Feb. 8-1900*
 14. Place of Burial, *West Laurel Hill Cem.*
- Schuyler Sons* Undertaker.
- Residence, *6 - Diamond St*

This certificate and Certificate. To be returned, by the Superintendent of Cemeteries, to Health Officer, on Saturday of each week, before 12 1