

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.

2199

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,

Harry M. Jacoby

White

Male

41 yrs.

Married

July 22nd 1900

Pulmonary Tuberculosis

Edward S. Johnson M. D.

Residence, 1307 N 6 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, {
11. Ward,
12. Place of Death, Street and Number,
13. Buried from, Street and Number,
14. Date of Burial,
15. Place of Burial,

Police Officer

U.S.

Name of Father, —

Name of Mother, —

20

Sworn 5 x Master

" " " " " "

July 26 - 1900

M. Cedar Hill

Schuyler Street Undertaker.

Residence, 6 - Diamond St

This constitutes one Certificate. To be returned to the Health Office. Not to be used for any other purpose.