

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

1. Name of Deceased,

Thomas Miller

2. Color,

White

3. Sex,

Male

4. Age,

24 1/2

5. Married or Single,

Single

6. Date of Death,

May 29th 1876

7. Cause of Death,

Malaria.

Edw. J. Guet M. D.

Residence,

1201 South 9th Street

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation,

Basket Maker

9. Place of Birth,

Philadelphia

10. When a Minor,

Name of Father,

Name of Mother,

11. Ward,

26

12. Street and Number,

1222 Parade St

13. Date of Burial,

May 31 at 4 o'clock

14. Place of Burial,

Yafayette Cemetery

Wm. Graham Undertaker.

Residence,

1123 Lombard St

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