

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.

7737

PHYSICIAN'S CERTIFICATE.

1. Name of Deceased,

John Richmond

2. Color, w

3. Sex, m

4. Age, 42 1/2 years

5. Married or Single, m.

6. Date of Death,

October 5, 1898

7. Cause of Death,

Heart disease

Residence,

H. W. Trish M.D.
46 N. 8.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation,

9. Place of Birth,

Phila^a

10. When a Minor,

{ Name of Father,

{ Name of Mother

11. Ward,

12. Street and Number,

29th
No 518 Berks st

13. Date of Burial,

Oct 9/98

14. Place of Burial,

Northwood Cemetery

Geo Thurnburt & Co

Undertaker.

Residence,

424 S. 4th st