## 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, UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Police & fficer 8. Occupation, 9. Place of Birth, Name of Father, 11. Ward, 12. Street and Number, 526 Marristo 13. Date of Burial, Oct-15 " 14. Place of Burial,