

RECORD OF A DEATH IN PHILADELPHIA.

PHYSICIAN'S CERTIFICATE.

12175

Full Name of Deceased, Charles R. Nyce
Sex, male Color, white State if Chinese Japanese Indian
Single, Married, Single State if Widow Widower Divorced
Date of Birth { Year, 1870 Date of Death { Year, 1908 Age, { Years, 38
Month, July Month, May Months, 10
Day, 14 Day, 9th Days, 9
(If age is less than one day, give hours)

No Certificate will be accepted which is FALSIFIED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTER-LINED, CORRECTED or ALTERED, as all such changes impair its value as a public record.

I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1908 to May 9th 1908 that I last saw him alive on May 9th 1908 and that death occurred, on the date stated above at 5 P. M. The CAUSE OF DEATH was as follows:

	DURATION.
Chief, <u>Atrophic Cirrhosis of Liver</u>	<u>4</u> Mos. <u> </u> Days
Contributing, <u>Abdominal Ascites</u>	<u>4</u> Mos. <u> </u> Days

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.

Signed, Joseph D. Luman M. D.
Residence, 4257 Market St.

UNDERTAKER'S CERTIFICATE.

Occupation, Explosive Officer Place of Birth, Penn
(Give occupation for all persons 14 years of age and over)
Birthplace of Father, Penn Birthplace of Mother, Penn
Name of Father, Jacob R Nyce
Maiden Name of Mother, Sarah McKue
Last Place of Residence (This need only be given when it is other than the place of death.)
Place of Death, Street and No. 1947 North 24th St
Ward, wherein death occurred, 32
Buried from, Street and No. 1947 North 24th St
Date of Burial, May 12th 1908
Place of Burial, Westminster

This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.

Walter S Sylvester Undertaker.
Residence, 181 S. Spruce St Phila