

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.

Physician's Certificate.

1. Full Name of Deceased, Wm. J. Sweeney
2. Color, white State if Chinese, Japanese, Indian.
3. Sex, male
4. Single, Married, single State if Widow, Widower, Divorced.
5. Age, { Years, 45
Months, _____
Days, _____ } 6. Date of Death, { Year, 1903
Month, Aug
Day, 2
- (If age is less than one day, give hours.....)
7. Cause of Death, { Chief, Consumption
Contributing, Asthenia

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTERLINED, CORRECTED or ALTERED, as all such changes impair its value as a Public Record.

* 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.

L. R. Antoney M. D.

Residence, 803 S. 24th St

Undertaker's Certificate.

8. Occupation, Base Ball player 9. Place of Birth, Philada Pa
(Give occupation for all persons 15 years of age and over.)
10. Birthplace of Father, Philada Pa 11. Birthplace of Mother, Philada Pa
12. When a { Name of Father, _____
Minor, { Name of Mother, _____
13. Last place of Residence, (This need only be given when the deceased resided out of the city.) 2703 Thompson St
14. Place of Death, Street and No. 2703 Thompson St
15. Ward, wherein death occurred, 29th
16. Buried from, Street and No. 2703 Thompson St
17. Date of Burial, Aug the 5th 1903
18. Place of Burial, Field Cathedral

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

J. F. Roney Undertaker.

Residence, 911 N 26

Write plainly, and with ink; fill in every blank space.