

RECORD OF A DEATH IN PHILADELPHIA.

16289

PHYSICIAN'S CERTIFICATE.

Full Name of Deceased, Marion G. Campbell
 Sex, Male Color, White State if Chinese Japanese Indian
 Single, Married, _____ State if Widow Divorced
 Date of Birth { Year, 1865 Date of Death { Year, 1906 Age, { Years, 41
 { Month, April { Month, June { Months, 2
 { Day, 3 { Day, 27 { Days, 24
 (If age is less than one day, give hours) _____

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.

I HEREBY CERTIFY, That I attended deceased from June 26th 1906 to June 27 1906
 that I last saw him alive on June 27th 1906 and that death occurred, on the date stated above
 at 4.30 P. M. The CAUSE OF DEATH was as follows:

Chief, Arteriosclerosis of Aorta DURATION, 12 Mos. — Days
 Contributing, _____ { — Mos. — 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, Randolph Jones M. D.
 Residence, 2007 Walnut St.

Undertaker's Certificate.

8. Occupation, Bar tender 9. Place of Birth, Phila
 (Give occupation for all persons 15 years of age and over.)
 10. Birthplace of Father, Phila 11. Birthplace of Mother, Ireland
 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.) _____
 14. Place of Death, Street and No. 447 Wudley St.
 15. Ward, wherein death occurred, 39th
 16. Buried from, Street and No. 447 Wudley St.
 17. Date of Burial, June 30th 1906.
 18. Place of Burial, Holy Sepulchre Cemetery

A. J. Murphy Undertaker.
 Residence, N.E. cor 3rd & 4th St

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