

RETURN OF A DEATH
IN THE CITY OF PHILADELPHIA.

21093



Physician's Certificate.

1. Full Name of Deceased, James McQuinn
 2. Color, White State if Chinese, Japanese, Indian.
 3. Sex, Male
 Single, Married, Single State if Widow, Widower, Divorced.
 5. Age, { Years, 112
 Months, 8
 Days, 11 6. Date of Death, { Year, 1910
 Month, Sept
 Day, 11

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.

7. Cause of Death, { Chief, Phthisis Pulmonalis
 Contributing, _____

* 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.

H. Hope English M. D.
 Residence, 1000 Locust St

Undertaker's Certificate.

8. Occupation, Labourer 9. Place of Birth, Phila
(Give occupation for all persons 13 years of age and over.)
 10. Birthplace of Father, Ireland 11. Birthplace of Mother, Ireland
 12. When a { Name of Father, William
 Minor, { Name of Mother, Bridget
 13. Last place of Residence, (This need only be given when the deceased resided out of the city.)
 Place of Death, Street and No. 2325 Sansom St
 15. Ward, wherein death occurred, 8
 16. Buried from, Street and No. 2325 Sansom St
 17. Date of Burial, Sept 14
 18. Place of Burial, Old bothradle

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

Margaret Brennan Undertaker.
 Residence, 1101 Snyder Ave