

Tuberculosis

Wma

"In Case of a Death, the physician attending must fill this blank and furnish same to a member of the family, under Penalty of \$25.00.—Revised Ordinances.

P. CO.—25851



Health Department of the City of Charleston.

"All permits for the removal of the body of any deceased person from the City of Charleston for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Charleston, shall be granted and signed by the Registrar."

Carry this Certificate to City Hall for Burial Permit.

All Physicians practicing in Charleston (including those in Public Institutions) are requested to register their names in the Bureau of Vital Statistics.

CERTIFICATE OF DEATH

1. Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give parent's name. } James M. Litcher James

2. Age, 27 years, 28 months, 28 days. Color white

3. Single, Married, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } 4. Occupation, Physician

5. Birthplace, { City, County or State. } Williamsburg to S.C. { How long in the United States, if of Foreign Birth. }

6. How long Resident in this City, 23 days

7. Father's Birthplace, { City, County or State. } Sumter Co. S.C.

8. Mother's Birthplace, { City, County or State. } Williamsburg to S.C.

9. Place of Death, { If an Institution, please state the name. } No. St Francis P. Infirmary

Street, _____ Ward, _____

10. I hereby Certify, That I attended deceased from Sept 1st 1901 to Sept 23rd 1901 that I last saw him alive on the 20th day of Sept 1901; that he died on the 23rd day of Sept 1901, about 9 o'clock P. M., and that the Cause of his death was:

First (PRIMARY) Acute Tuberculosis
 Second (IMMEDIATE) Asthenia

All the above information should be furnished by the Physician.

Place of Burial, Churaw Cc

Date of Burial, Sept 24-1901

Undertaker, Cannelly

Place of Business, _____

FROM TIME ATTACK TILL DEATH.
 Write opposite each cause. If unknown, it should be so stated.

1437

Signed by _____ M. D.
 Address _____

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