

RETURN OF A DEATH IN THE CITY OF PHILADELPHIA.

18158

Physician's Certificate.

1. Full Name of Deceased, *George J Snyder*
2. Color, *White* State if Chinese, Japanese, Indian.
3. Sex, *Male*
- Single, Married, *Widower* state if Widow, Widower, Divorced.
5. Age, { Years, *56*
Months, *10*
Days, *5*
6. Date of Death, { Year, *1905*
Month, *Aug*
Day, *29*
- (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.

7. Cause of Death, { Chief, *Angina Pectoris*
Contributing, *Calcified Arteries*

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.

Thos Mack
Residence, *821 No 24th St*

M. D.

Undertaker's Certificate.

8. Occupation, *Policeman*. (Give occupation for all persons 13 years of age and over.)
9. Place of Birth, U. S.
10. Birthplace of Father, U. S.
11. Birthplace of Mother, U. S.
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. *826 North Capitol Street.*
15. Ward, wherein death occurred, *15th.*
16. Buried from, Street and No. *807 N. 20th. St.*
17. Date of Burial, *Aug. 5th. 1905.*
18. Place of Burial, *Mount Moriah Cemetery.*

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

Das Wagner Undertaker.
Residence, *128 Fairmount Ave.*