

RECORD OF A DEATH IN PHILADELPHIA

13527

PHYSICIAN'S CERTIFICATE.

Full Name of Deceased, Peter J. Hoarney
 Sex, Male Color, White State if { Chinese Japanese Indian
 Single, Married, Married State if { Widow Widower Divorced
 Date of Birth { Year, 1865 Date of Death { Year, 1908 Age, { Years, 43
 { Month, May { Month, May { Months, 11
 { Day, 26 { Day, 24 { Days, 28
 (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, INTER-LINED, CORRECTED or ALTERED, as all such changes impair its value as a public record.

I HEREBY CERTIFY, That I attended deceased from May 12th 1908 to May 24th 1908
 that I last saw him live on May 24th 1908 and that death occurred, on the date stated above
 at 9 A. M. The CAUSE OF DEATH was as follows:

Chief, Apemia DURATION, _____ Mos. 7 Days
 Contributing, Chronic Parenchymatous Nephritis _____ 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, Wm. H. M. Smith M. D.
 Residence, 2413 North 7th St.

UNDERTAKER'S CERTIFICATE.

Occupation, Marine Place of Birth, England
 (Give occupation for all persons 14 years of age and over)
 Birthplace of Father, England Birthplace of Mother, England
 Name of Father, Hoarney
 Maiden Name of Mother, Catherine Butler
 Last Place of Residence (This need only be given when it is other than the place of death.)
 Place of Death, Street and No. 141 N. Dauphin St
 Ward, wherein death occurred, 19th
 Buried from, Street and No. 141 N. Dauphin St
 Date of Burial, May 29th 1908
 Place of Burial, New Cathedral Cemetery

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

J. A. M. Gorkley Undertaker.
 Residence, 885 N. 4th St.