

Return of a Death in the City of Philadelphia.

PHYSICIAN'S CERTIFICATE.

6200

1. Name of Deceased, Edward Knuff
2. Color, W
3. Sex, M
4. Age, 33
5. Married or ~~Single~~,
6. Date of Death, Sept. 14, 1900
7. Cause of Death, Mania
8. Street and Number from which
Patient was received.

Edward K. Weaver, M. D.Hospital, Berman

Undertaker's Certificate in Relation to Deceased.

9. Occupation, Fireman
10. Place of Birth, Phila da
11. When a Minor, { Father,
Mother, X
12. Ward, 29/6
13. Street and Number, 264 Mt 5th St
14. Date of Burial, Sept. 18th 1900
15. Place of Burial, Holy Cross Ch

Chas E. Prosser Undertaker.
Residence, 526 Mt 4th St