t of Diseases on back of this Certificate

## Department, City of

Permit No. A 4547 Office of Registrar of Vital Statistics. Ward I The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, are rately filled out, to the Undertaker or other person superIntending the burial, within twenty four hours after the death of said deceased, Permit No. A. 43 or sooner, if requested so to do, under penalty of law.

. NO PERMIT FOR BURIAL CAN E OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.
Date of Death, March, 16, 1892
Full Name of Deceased, Write legibly and spell decorrectly. If an Infant and not named, give names of perents.
Sex, Male or Female, {Cross out the word not } cuill
Age, 77. Years, Months, Days.
Color, White
Married, Single, Widow or Widower, Cross out the words not
Occupation, Hausewell
Birth Place, State or county, and how long in the United States Lyrnes Life of foreign birth.
Duration of Residence in the City of Baltimore, 15 years,
Place of Death, Give Street and Stuff and First (Primary), Branchetis
Cause of Death, Second (Immediate),
Duration of Last Sickness, The remarks
All the above information should be furnished by the Physician
Place of Burial, St. Paul.
Date of Burial, March 18 1 B Mulling M.D.
Undertaker, Leo Medical Attendan
Place of Business, # 5 Moyes Address, 75 2 Frederice and Est
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics

in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person decemed, and the cause and date of death

Wm, J. C. Dulany & Co., City Printers and Stationers.