



# DEATH CERTIFICATE

CITY OF PHILA. • DEPT. OF RECORDS

No 2956

VITAL STATISTICS

620 CITY HALL ANNEX, PHILA., PA. 19107

118167

FULL NAME OF DECEASED (First) <i>Frederick</i> (Middle) _____ (Last) <i>Dunlap</i>		
ADDRESS (Street and Number) <i>Philadelphia Hospital</i>		
SEX <i>M</i>	RACE <i>White</i>	MARITAL STATUS <i>Married</i>
DATE OF BIRTH (Mo., Day, Yr.) _____		AGE <i>41</i> Yrs. Mos. Days
OCCUPATION _____		BIRTHPLACE <i>Philadelphia</i>
NAME OF FATHER _____		BIRTHPLACE _____
MAIDEN NAME OF MOTHER _____		BIRTHPLACE _____
DATE OF DEATH <i>December 1, 1902</i>	CAUSE OF DEATH <i>Tub Dis. Rectum</i>	
NAME OF PHYSICIAN <i>H. Bostlett</i>		ADDRESS _____
PLACE OF BURIAL OR REMOVAL <i>Westminster</i>		BURIAL DATE <i>December 3, 1902</i>
UNDERTAKER <i>O. H. Bair</i>		ADDRESS <i>1517 Chestnut St.</i>

I hereby certify the above to be a correct copy of a Death Certificate filed in this office.

DEC 30 1903  
(Date Issued)

Allen Weinberg  
(Registrar)

82-158

## RETURN OF DEATH IN THE PHILADELPHIA HOSPITAL.

### PHYSICIAN'S CERTIFICATE.

- Name of Deceased, *Frederick Dunlap*
- Color, *white*
- Sex, *Male*
- Age, *41*
- Married or Single, *Widower*
- Date of Death, *12-1-02*
- Cause of Death, *Tubercular disease of rectum.*

*H. F. Barthol.*  
RESIDENT PHYSICIAN,  
Philadelphia Hospital.

### UNDERTAKER'S CERTIFICATE.

- Occupation, *none*
  - Place of Birth, *Phila*
  - When a Minor, { Name of Father, Name of Mother, }
  - Ward, *2<sup>nd</sup> Phila Hospital*
  - Street and Number, *1517 Chestnut St.*
  - Date of Burial, *Dec 3, 1902*
  - Place of Burial, *Westminster Cem*
- O. H. Bair* Undertaker.  
Residence, *1517 Chestnut St.*  
Date of Certificate, \_\_\_\_\_

11001