

**RETURN OF A DEATH  
IN THE CITY OF PHILADELPHIA.**

039

**Physician's Certificate.**

1. Full Name of Deceased, John Murphy  
 2. Color, white State if  Chinese,  Japanese,  Indian.  
 3. Sex, male  
 4. Single, Married,  State if  Widower,  Divorced.  
 5. Age, { Years, 47  
 Months, 7  
 Days, \_\_\_\_\_  
 6. Date of Death, { Year, 05  
 Month, Mich  
 Day, 7th

No Certificate will be accepted which is **MUTILATED, ILLEGIBLE, INACQUATE**, 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, Phtisis pulmonalis  
 Contributing, \_\_\_\_\_

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.

Edw. J. Cunningham M. D.  
 Residence, 729 W. 1st St.

**Undertaker's Certificate.**

8. Occupation, Shoemaker 9. Place of Birth, Phila  
(Give occupation for all persons 15 years of age and over.)  
 10. Birthplace of Father, Phila. 11. Birthplace of Mother, Phila  
 12. When a { Name of Father, \_\_\_\_\_  
 Minor, { Name of Mother, \_\_\_\_\_  
 13. Last place of Residence, 2223 So. 8th St. (This need only be given when the deceased resided out of the city.)  
 14. Place of Death, Street and No., 2223 So. 8th St.  
 15. Ward, wherein death occurred, 39  
 16. Buried from, Street and No., 2223 So. 8th St.  
 17. Date of Burial, March 10th 1905  
 18. Place of Burial, Fernwood Cemetery.

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

Edw. J. Cunningham Undertaker.  
 Residence, 1100 Myrtle St.