

22194

RETURN OF A DEATH IN THE CITY OF PHILADELPHIA.  
PHYSICIAN'S CERTIFICATE.

1. Name of Deceased, *Henry C. Myers*  
2. Color, *white*  
3. Sex, *male*  
4. Age, *35 years*  
5. Married or Single, *married*  
6. Date of Death, *April 18<sup>th</sup>*  
7. Cause of Death, *Typhoid fever*  
*H. Tran* M. D.  
Residence, *1227 Praedelin St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Journalist*  
9. Place of Birth, *Penna*  
10. When a Minor, { *Name of Father,*  
*Name of Mother,*  
11. Ward,  
12. Street and Number, *2215 Myrtle st*  
13. Date of Burial, *April 21<sup>st</sup> 95*  
14. Place of Burial, *St. Vernon Cemetery*  
*Elbi Burre* Undertaker.  
Residence, *1068 N. Front st*