RECORD OF A DEATH IN PHILADELPHIA.

	\searrow PHYSICIAN	's cert	IFICATE.	11990
Full Name of Deceased,	dward	Oh	eal	
Sex, male	. 1 0	uli	State if Chinese Japanese Indian	
Single, Married,	med		State if Widower Divorced	which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERAS D, INTER-
Date of $\begin{cases} \text{Year, } / \mathcal{S} $	Pate of $\begin{cases} \text{Year}, 19.08 \\ \text{Month}, \text{Max} \\ \text{Day}, \text{Day} \end{cases}$	• -	Years, 3.7. Months,	LINED, CORRECTED or ALTERED, as all such changes impair its value as a public record.
I HEREBY CERTIFY, The		•		to hung \$1 1908
that I last saw halive o				
at 1 80 C M.	U			
Chief, Phshis	in Flo	rida		DURATION. 2 Mos. Days
Contributing,	Cosur			Mos. Days
## This Certificate must not be issued for any other purpose	Signed,	126	2, elu	M. D.
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.	Residence,2	v27	Colum	1-am
R	UNDERTAKE	R'S CER	TIFICATE.	01.0
Occupation, Give occupation (as all persons)	years of age and over)		of Birth,	Jula
Birthplace of Father,	efand	Birth	place of Mother,	reland
Name of Father,	hours	\mathcal{C}	neal	5
Maiden Name of Mother,	Loham	a		
Last Place of Residence (is or	need only be given when it her than the place of death.)	21 5/	(D) 01
Place of Death, Street and N	. 23	411	- law	Gellet
Ward, wherein death occurre	d, 28	5		
Buried from, Street and No	234	149	lau	Gelt St
Date of Burial,	may	5=	1908.	
Place of Burial,	The Man	ry C	eus &	louastans
This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.	Residence.	UN. WE	19 h Ja	was Undertaker.