

Health Department, City of Baltimore,

Permit No. **A 67858**

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the funeral, within twenty-four hours after the death of said person, or sooner, if requested to do so, under penalty of law.

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

CERTIFICATE OF DEATH.

Date of Death, June 20, 1894

Full Name of Deceased, James Lee
Write legibly with ink and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~Female~~
Cross out the words not required in this line.

Age, 32 yrs Years, _____ Months, _____ Days

Color, White

Married, Single, ~~Widow~~, ~~Widower~~
Cross out the words not required in this line.

Occupation, Base Ball player

Birthplace, Baltimore
State or County and town or village in the United States, or at of foreign birth.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, Mr. Guilford's
City, Street and Number.

Cause of Death, Exhaustion
First (Primary), _____
Second (Immediate), _____

Duration of Last Illness, seven months

All the above information should be furnished by the physician.

Place of Burial, London Park

Date of Burial, June 26 1894

Undertaker, Wm J. McKim & Sons Wm Howard Williams
Medical Attendant.

Place of Business, 221 S. Eutan address, MD