

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 4425

Date of Death, October 22 1884

Full Name of Deceased, William Ashdown

Sex, Male

Age, 79 Years, Months, Days.

Color, White

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

Occupation, Machinist (7)

Birthplace, Schenectady, New York.

Duration of Residence in the District of Columbia, 45 Years.

Place of Death, {Give street and number.} 467 E St. S.W.

Cause of Death, {First, (Primary, Senility
Second, (Immediate, Jaundice IV-3

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.
In case of death from zymotic disease, please state what, if any local cause exists to produce same.

Place of Burial, Congressional

Date of Burial, Oct 24 1884

Undertaker, Graphs Lee

Place of Business, 325 Pennsylvania Address, 415 7th St. S.W.

Charles Allen M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the District of Columbia.

Sec. 4. That whenever any person shall die within the District of Columbia it shall be the duty of the physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity, (giving State or county,) occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of death, (giving street and number,) and duration of last sickness of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid, within twenty-four hours after such death: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

[OVER.]