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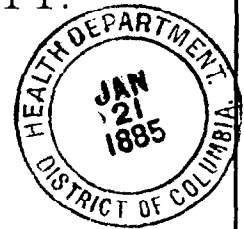
[FORM NO. 3.]

No. 45302

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. *45317*
 Date of Death, *Jan. 21*, 188*5*
 Full name of Deceased, *John Bee*
 Sex, *Male*
 Age, *46* ~~*45*~~ Years, _____ Months, _____ Days.
 Color, *Wh*

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

Occupation, *Printer* (6)
 Birthplace, *Ireland*
 Nativity of Father, *Ireland* Nativity of Mother, *Ireland*

Duration of Residence in the District of Columbia, _____

Place of Death, { Give street and number. } *200 6 St NW*

Cause of Death, {
 First, (Primary,) *Coma due to fol. by Asthma*
 Duration, *Several weeks*
 Second, (Immediate,) *Cerebral Apoplexy* }
 Duration of Last Sickness, *10 hrs.*

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

Place of Burial, *Congressional Cem.*
 Date of Burial, *January 22 1885*
 { Undertaker, *Geo. W. Lee*, Address, *215 3 St NW*
 { Place of Business, *332 Pa Ave NW*

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

SECTION 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 Register 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.)