

28/243

FORM No. 3.

No. 48529 24

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

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 48557
 Date of Death August 21 1885
 Full Name of Deceased Elizabeth F. Blackburne Blackburne
 Sex Female
 Age 74 — Years Five — Months Twenty one Days.
 Color White
 Married, ~~Single~~, ~~Widow~~, or ~~Divorced~~, [Cross out the words not required in this line.]

Occupation _____
 Birthplace Long Island, State of New York
 Nativity of Father New York Nativity of Mother New York

Duration of Residence in the District of Columbia 4 Years & 3 Months
 Place of Death, [Give Street and Number.] 316 Second Street S.E. - Washington

Cause of Death, {
 First, (Primary) Hemiplegia of right side
 Duration Two years
 Second, (Immediate) Enterocolitis III-1
 Duration of Last Sickness Three weeks

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 the same.

Place of Burial Congressional Cemetery
 Date of Burial Aug 23 1885
 { Undertaker John M. Mitchell Robert Ventman, M. D.
 Place of Business 739 11th St. Address 2124 - 7th St.

Extract from Regulations to secure a full and correct record of the 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 country,) 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.]