

FORM No. 3.

No. 49441

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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.

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TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 49444

Date of Death Nov 5 1885

Full Name of Deceased Constantine H Blanchard

Sex Male

Age 59 Years Months Days

Color White

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

Occupation Painter

(10)

Birthplace South Carolina

Duration of Residence in the District of Columbia 32 years

Nativity of Father France Nativity of Mother France

Place of Death, [Give Street and Number.] # 319- 3rd St NE

Cause of Death { First, (Primary) Apoplexy
Duration six hours
Second, (Immediate)

III - I

Duration of Last Sickness six hours

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 Congress

Date of Burial Nov 8th 1885 Thos. J. Chew M. D.

Undertaker George P. Burkhardt

Place of Business 320 Pa Ave NE Address 204 Pa. Ave East

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 to sign the same, to forward it to the Registrar aforesaid within twenty-four hours after such date. Provided, That in case of death from a contagious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [OVER.]