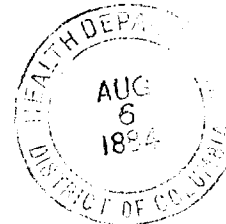


The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 43192

Date of Death August 5th 1884.

Full Name of Deceased William Chambers

Sex male

Age 65 Years 7 Months 29 Days.

Color white

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

Occupation cabinet maker.

(5-)

Birthplace Washington D.C.

Nativity of Father Scotland Nativity of Mother Ireland.

Duration of Residence in the District of Columbia about 55 years.

Place of Death, [Give Street and Number.] 1217 11th St. N.W.

Cause of Death, First, (Primary) Cirrhosis of the Liver

Duration Second, (Immediate) 111-4

Duration of Last Sickness several years.

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

Date of Burial Aug 6th 1884

Undertaker Joseph Lawler

Place of Business 1726 Ben av

C. E. Wagner M. D.
In Thomas C. Smith
Address

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 infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [over.]