

R97/322

CONKLING, W.W. [R97/322]

FORM No. 3.

No. 47 581 14

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. 47609

Date of Death June 27 1885

Full Name of Deceased Wm W. Conkling

Sex male

Age 20 Years 5 Months 14 Days.

Color white

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

Occupation

Birthplace Dist. Col.

Nativity of Father New York Nativity of Mother Pennsylvania

Duration of Residence in the District of Columbia

Place of Death, [Give Street and Number.] 1103 L. St. NW.

Cause of Death
First, (Primary) Phthisis Pulmonalis
Duration 11-2
Second, (Immediate)

Duration of Last Sickness Jan 8 mo

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

Place of Burial Congress Cemetery

Date of Burial June 27 1885 Stevens M. D.

Undertaker W. R. Sperry

Place of Business 9407 Address 1213 M Street

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 death. Provided, That in case of death from a contagious or infectious disease, said certificate shall be so made and forwarded within eight hours thereafter. [OVER.]