

R11/191

COOMBS, JOHN MAGRUDER [R11/191]

FORM No. 3.

No. 47466 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.

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TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 47486  
 Date of Death June 20<sup>th</sup> 1885.  
 Full Name of Deceased John Magruder Coombe  
 Sex Male  
 Age Three Years eleven Months Nine Days.  
 Color White

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

Occupation \_\_\_\_\_ (9)  
 Birthplace Maryland  
 Nativity of Father Washington Nativity of Mother Maryland  
 Duration of Residence in the District of Columbia Nearly three years  
 Place of Death, [Give Street and Number.] East Capitol Street # 911  
 Cause of Death  
 First, (Primary) Scarlet Fever  
 Duration Septicemia - 1 - 1  
 Second, (Immediate) Asthma - 1 - 1  
 Duration of Last Sickness 4 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 Congress  
 Date of Burial June 21<sup>st</sup> 1885 G. P. D. Payne M. D.  
 Undertaker George P. Lusk  
 Place of Business 370, Reade East Address 511 E. Cap 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 infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [over.]