

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased G. Raymond Cornwell
 Date of Death Aug 7, 1902
 Age 3 Years 2 Months 2 Days
 Place of Death Washington D.C.
 Cause of Death Septicemia of throat & adenoids
 I hereby certify that the above is true to the best of my knowledge and belief.
 Residence Washington D.C. County of Montgomery State of MD M. D. or Coroner
John R. Wright
PERMIT OF LOCAL BOARD OF HEALTH.
 This Permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.
 In the City of Washington of Washington County of Montgomery State of MD 190 2
 State of MD on the 8 day of August 190 2
 Permission is hereby given to remove for burial at Washington D.C.
 In the County of Washington State of MD the body of G. Raymond Cornwell
 who died at Washington D.C. County of Montgomery State of MD on the 7 day of August 190 2
 day of Aug 7 Aged 3 years 2 months 2 days. The cause of death being Septicemia of throat & adenoids which is a non-contagious disease.
 Rule 1: The transportation of bodies dead of Small-Pox, Asiatic Cholera, Yellow Fever, Typhus fever, and Anthonic Plague, is absolutely forbidden.
 Signed John R. Wright Local Board of Health
 (If City or Town after Corporate Seal.)

This Permit and preceding Certificate must be detached and delivered to the person in charge of the Corpse.

CERTIFICATE OF DEATH.

No. of BURIAL PERMIT. 6587 Foreign DISTRICT OF COLUMBIA. No. of RECORD. 3779

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS, MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death Aug 7, 1902
 2. Full Name of Deceased G. Raymond Cornwell
 3. Sex: MALE 4. Age: YEARS 3 MONTHS 2 DAYS 2 5. Color: WHITE
 6. Conjugal Condition: SINGLE
 7. Occupation Wash. D.C.
 8. Birthplace of Deceased Wash. D.C.
 9. Birthplace of Father _____
 10. Birthplace of Mother _____
 11. Duration of Residence in this District _____
 12. Place of Death Kennington Md
 13. Cause of Death _____
 14. If Death Occurred in an Institution give: NAME OF INSTITUTION _____ LENGTH OF TIME DECREASED WAS AN INMATE _____
 15. If Deceased did not Die at his or her Residence, give: PLACE OF RESIDENCE _____
 I hereby certify that I attended the deceased professionally during _____ last illness.
 Address _____ M. D., _____
 To be Filled Out and Signed by the Undertaker: PLACE OF BURIAL Congressional DATE OF BURIAL Aug 9, 1902
 ROUTE OF TRANSPORTATION _____ DATE OF REMOVAL _____
 SIGNATURE John R. Wright Undertaker.
 Address 1337 7th St NW

THIS SPACE RESERVED FOR BINDING.

R68/356