

**CERTIFICATE OF DEATH.**

(To be Delivered to Health Officer.)

Permit No. \_\_\_\_\_  
 Date of Death July 25-1902  
 Name of Deceased Morell Cross  
 Sex: Male or Female Male  
 Age 11 months  
 Color white  
 Married, Single, Widow, Widower single  
 Occupation none  
 Birthplace Ballston-Va.  
 Duration of residence at Falls Church \_\_\_\_\_  
 Nativity of Mother Wash. D.C.  
 Place of Death Ballston-Va.  
 Cause of Death { First, (Primary) Enterocolitis  
 Second, (Immediate) \_\_\_\_\_  
 Duration of Last Sickness 3 weeks.  
 Place of Burial Congressional Burial  
 Date of Burial July 28-1902  
 Undertaker M. W. Wise  
 Place of Business Gungaham St. C.

T. M. Jacobs M.D.  
 Apnoea, Exhaustion, Heart Failure, and kindred terms must not be certified as Primary cause of Death.

**CERTIFICATE OF DEATH.**

No. of BURIAL PERMIT. 6564 DISTRICT OF COLUMBIA. No. of RECORD. 3938 ✓

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 July 25<sup>th</sup> 1902  
 2. Full Name of Deceased Morell Cross  
 3. Sex: MALE Age: 1 Year 1 Month \_\_\_\_\_ Days \_\_\_\_\_  
 4. Color: WHITE 5. Conjugal Condition: SINGLE  
 6. COLORED MARRIED WIDOWED DIVORCED  
 7. CHINESE JAPANESE  
 Under sex, color and conjugal condition, strike out the words not applicable. Under color, the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation \_\_\_\_\_  
 8. Birthplace of Deceased Va  
 9. Birthplace of Father Pa  
 10. Birthplace of Mother Pa  
 11. Duration of Residence in this District \_\_\_\_\_  
 12. Place of Death Ballston Va  
 13. Cause of Death \_\_\_\_\_  
 PRIMARY \_\_\_\_\_ IMMEDIATE \_\_\_\_\_  
 14. If Death Occurred in an Institution, give: \_\_\_\_\_  
 NAME OF INSTITUTION \_\_\_\_\_  
 LENGTH OF TIME DECEASED 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. \_\_\_\_\_ M. D.,  
 Address \_\_\_\_\_

To be Filled Out and Signed by the Undertaker:  
 PLACE OF BURIAL Congressional DATE OF BURIAL July 26<sup>th</sup> 1902  
 If Body is to be Buried Outside of the District, state: \_\_\_\_\_  
 ROUTE OF TRANSPORTATION \_\_\_\_\_ DATE OF REMOVAL \_\_\_\_\_ 1902  
 SIGNATURE M. W. Wise Undertaker  
 Address 2900 M St