

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. *42861*

Date of Death *July 19 1884*

Full Name of Deceased *Catherine Davis*

Sex *Female*

Age *87* Years

Months

Days

Color *White*

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

Occupation *Lady.*

Birthplace

Nativity of Father

Nativity of Mother

Duration of Residence in the District of Columbia

Place of Death, [Give Street and Number.] *Providence Hospital*

Cause of Death,

First, (Primary) *Imitation*

Duration

Second, (Immediate) *Exhaustion*

Duration of Last Sickness

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 *July 14 1884*

Undertaker *R. F. Harvey*

Place of Business *921 7th St NW*

Address *Providence Hospital*

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, if signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such death. Provided, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours after.