

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.

AMR
47. 15 TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. *May 24th*

Date of Death 188*5*

Full Name of Deceased *Catherine Doyle*

Sex *Female*

Age *77* Years Months Days

Color *White*

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

Occupation *(V)*

Birthplace *Ireland*

Nativity of Father *Ireland* Nativity of Mother *Ireland*

Duration of Residence in the District of Columbia *24th*

Place of Death, [Give Street and Number.] *501 M St NW*

Cause of Death
First, (Primary) _____
Duration _____
Second, (Immediate) *Valvular Mitral disease of heart*

Duration of Last Sickness *Two weeks* *11-2*

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 Ave*

Date of Burial *May 30 1885* *A. H. Williams* M. D.

Undertaker *Geo. W. Lee*

Place of Business *332 Pa Ave* Address

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 the deceased person was afflicted with any infectious or contagious disease, to forward it to the Registrar aforesaid within twenty-four hours after such death, provided, That in case of death from an infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [OVER.]