

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

19

# CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 43434

Date of Death Aug 20 1884

Full Name of Deceased Samuel Franklin

Sex Male

Age 77 80 Years. Months Days.

Color White

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

(6)

Occupation Penn

Birthplace Penn

Nativity of Father Penn Nativity of Mother Penn

Duration of Residence in the District of Columbia 30 Years

Place of Death, [Give Street and Number.] 426 26<sup>th</sup> NW.

Cause of Death, { First, (Primary) Invisible Anemia  
Duration for many years  
Second, (Immediate) Strangled Anemia

Duration of Last Sickness 48 hours

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 City

Date of Burial Aug. 24 1884 Wm. R. Palmer, M. D.

Undertaker Jno. W. Lee Address 929. 1st. NW

Place of Business 332 1<sup>st</sup> NW

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 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 to sign the same, to forward it to the Registrar aforesaid within twenty-four hours after such death. Provided, That in case of a contagious or zymotic disease, said certificate shall be so made and forwarded within eight hours thereafter. [OVER.]