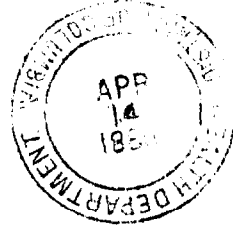


The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

# CERTIFICATE OF DEATH.

R. TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 51451

Date of Death 13<sup>th</sup> April 1886

Full Name of Deceased Lotty Agnes Haas

Sex female

Age Years 7 Months 2 Days

Color white

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

Occupation Mary (6)

Birthplace Washington - D. C.

Duration of Residence in the District of Columbia life time

Nativity of Father Dist Columbia Nativity of Mother Dist Columbia

Place of Death, [Give Street and Number] 724 6th St N.W.

Cause of Death { First, (Primary) Tubercular Meningitis

Duration 4 Weeks

Second, (Immediate) Corona or Craniotomy

Duration of Last Sickness 4 Weeks

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 April 14 1886

Undertaker J. Wm Lee

Place of Business

M. Brackburn M. D.

Address 748 6th St N.W.

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

[OVER.]