

(ALWAYS WRITE WITH INK.)



[Form 1-10,000-8-3-'97]

Record No. 122801

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. 122923

Date of Death Jan. 2 1899

Full name of Deceased George Hartman
(If an unnamed infant, insert full names of both Parents.)

Sex male

Age 85 Years Months Days

Color white

Married, Single, Widow or Widower

Occupation none

Birthplace D. C.

Duration of Residence in the District of Columbia Life

Nativity of Father Unknown Nativity of Mother Unknown

Place of Death [Give Street and Number.] Washington Anker Hospital

Cause of Death { Primary Serenity, Chronic Diarrhea
Immediate Exhaustion

Duration of Last Sickness 3 mos.

All of the above information should be furnished by the Physician.

In case of death by a zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial Congressional Cem.

Date of Burial Jan. 4/99

{ Undertaker City

{ Place of Business Address 221-3-5 or W.

J. Percy Hendley M. D.

Apnea, F austion, Heart Failure, and kindred terms must not be certified as Primary cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved