

CCs

FORM No. 3.

No. 43360

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

12

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 43388

Date of Death Aug 19th 1884

Full Name of Deceased Francis Woodley Hayden

Sex Male

Age 34 Years Months Days

Color White

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

Occupation Clerk

(4)

Birthplace Md

Nativity of Father Md

Nativity of Mother Md

Duration of Residence in the District of Columbia 12 or 15 yrs

Place of Death, [Give Street and Number.] 1107 18th St NW

Cause of Death, First, (Primary) Phthisis Pulmonalis Duration 2 or 3 yrs - Second, (Immediate) Phthisis 11-2

Duration of Last Sickness Six 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 Aug 21st 1884

Wm. E. Hagner M. D.

Undertaker Joseph C. Lee

Place of Business 325 Penna. Av NW

Address 1400 Ast.

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