

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.

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(7)

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 54643

Date of Death Dec 19th 1886.

Full Name of Deceased Grace E. Jacobs

Sex Female

Age 15 Years Months Days.

Color White

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

Occupation

Birthplace D.C.

Duration of Residence in the District of Columbia Since Birth

Nativity of Father Virginia Nativity of Mother Maryland

Place of Death, [Give Street and Number.] # 1218 3rd SW.

Cause of Death: First, (Primary) Typhoid Fever 1-1; Duration 15 days; Second, (Immediate) Congestion of Brain 2 days.

Duration of Last Sickness

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 Dec 20th 1886 G. P. Fenwick M. D.

Undertaker A. Burgdorf

Place of Business 316 Maine Address # 574 6th SW

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 signed 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 thereafter. [OVER.]