

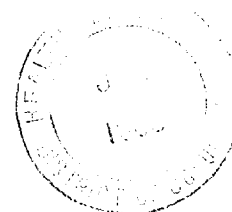
FORM No. 3.

No. 45129

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. 45129

Date of Death January 7 1885

Full Name of Deceased Rowland M. Jones

Sex Male

Age 45 Years 7 Months 27 Days

Color White

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

Occupation Lawyer, and government clerk 161

Birthplace Edinburgh Cambria Co Pennsylvania

Nativity of Father Irish Nativity of Mother Irish

Duration of Residence in the District of Columbia since the year 1865

Place of Death, [Give Street and Number.] 812 E Street North West

Cause of Death, { First, (Primary) Gun shot wound.

{ Duration About twenty two years.

{ Second, (Immediate) Paralysis and nerve exhaustion.

Duration of Last Sickness About nine years.

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 Jan 10<sup>th</sup> 1885

{ Undertaker John R. Wight

{ Place of Business 1337 - 10<sup>th</sup> NW

J. A. Stearns, M. D.

Address 92 M P St. 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 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, having signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such death. Provided, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours after. [OVER.]