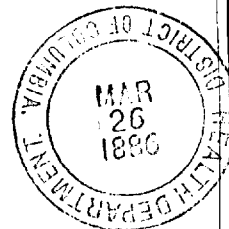


No. 51158 21

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.



*AMMB*

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. *51,189*

Date of Death *March 24* 1886.

Full Name of Deceased *Luther W. Lowe*

Sex *Male*

Age *20* Years *—* Months *—* Days.

Color *White*

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

Occupation *Upholsterer*

*(71)*

Birthplace *Pa*

Duration of Residence in the District of Columbia *Some birth*

Nativity of Father *Pa* Nativity of Mother *Va*

Place of Death, [Give Street and Number.] *1325 4 1/2 N. W.*

Cause of Death { First, (Primary) *Bright's Disease of kidney*  
Duration *Hypertension*  
Second, (Immediate) *Hypertension*

*III-5-*

Duration of Last Sickness *8 months*

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 *Mar 26 1886*

*Lewis Stewart* M. D.

Undertaker *Joseph De Leo*

Place of Business *325 Penna Ave*

Address *413 L. 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 cause of death is infectious or contagious disease, to forward it to the Registrar aforesaid within twenty-four hours after such case of death from such infectious or contagious disease, said certificate shall be so made and forwarded within eight hours after. [OVER.]