

R67/97

FORM No. 3.

No. 45407

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. 45435
 Date of Death, January 29th 1885.
 Full name of Deceased, James Mankin
 Sex, Male
 Age, 82 Years, Two Months, twenty five Days.
 Color, White

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

Occupation, None
 Birthplace, Maryland
 Nativity of Father, Maryland Nativity of Mother, Maryland
 Duration of Residence in the District of Columbia, Fifty-four years
 Place of Death, [Give Street and Number.] 819-9th St. N.W.

Cause of Death, { First, (Primary,) Pleuro-pneumonia
 Duration, seventy-two hours
 Second, (Immediate,) seventy-two hours
 Duration of Last Sickness, seventy-two hours

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 same.

Place of Burial, Congressional
 Date of Burial Feb 1st 1885 W. W. Lawrence, M. D.
 Undertaker, Joseph E. Lee
 Place of Business, 325 Pa. Ave. N.W. Address, 810 - N.W.

(Extract from Regulations of the Board of Health to secure a full and correct record of 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 county,) 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 thereafter. [OVER.]