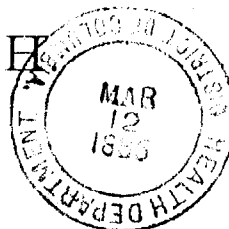


The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH



TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 50965
 Date of Death March 10, 1886.
 Full Name of Deceased Maria Thornton Mardith
 Sex Female
 Age 42 Years _____ Months _____ Days _____
 Color White

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

Occupation Housewife (7)
 Birthplace Va.

Duration of Residence in the District of Columbia Fifteen years
 Nativity of Father Va. Nativity of Mother Va.

Place of Death, [Give Street and Number.] 1017 4 1/2 St. S.W.

Cause of Death
 First, (Primary) Chronic Endometritis and Debility
 Duration _____
 Second, (Immediate) Exhaustion

Duration of Last Sickness Three months III-6

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 Compress Co
 Date of Burial Mar. 12 1886
 Undertaker J. William Lee Address 802 6th St. S.W.
 Place of Business 332 M St. N.W.

R. J. Goeden M. D.
 Phy to Poor

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 an infectious or contagious disease, said certificate shall be so made and forwarded within eight hours after. [OVER.]