

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

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

(N)

Permit No. 53661

Date of Death, 29 September, 1886

Full name of Deceased, Charles Mason

Sex, male

Age, 35 Years, 2 Months, 18 Days.

Color, White

~~Married, Single, Widowed, or Orphaned,~~ { Cross out the words not required in this line. }

Occupation, Bryant U.S. Ma

Birthplace, Cincinnati Ohio

Nativity of Father, _____ Nativity of Mother, _____

Duration of Residence in the District of Columbia, _____

Place of Death, { Give street and number. } U.S. Naval Hospital, Washington D.C.

Cause of Death, { First, (Primary,) Catarrhus - bronchialis

{ Duration, Since Feb 10 1886

{ Second, (Immediate,) Pulmonary hemorrhage

Duration of Last Sickness, 217 days

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 Albert-Cannon, M. D.

Date of Burial, Sept 30/86

{ Undertaker, George Furhosh, Address, Medical Director

{ Place of Business, 320, Pa ave S.E. discharge of U.S. Naval Hospital

(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 same, to forward it to the Register 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.]