

FORM No. 3.

No. 47926 2/

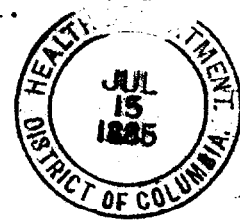
The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

R 78/177

CERTIFICATE OF DEATH.

amms

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 47941

Date of Death July 14 1883 1885

Full Name of Deceased Albert L. Mockabee.

Sex Male.

Age 17 Years 11 Months Days.

Color White.

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

Sp (71)

Occupation

Birthplace Washington D.C.

Nativity of Father Maryland Nativity of Mother Washington D.C.

Duration of Residence in the District of Columbia 17 Mos & 11 Months

Place of Death, [Give Street and Number] 480 16th St NW

Cause of Death { First, (Primary) Duration Second, (Immediate) Enteric Fever

Duration of Last Sickness 15 days 1-1

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 City

Date of Burial July 16 1883 A. A. Williams M. D.

Undertaker Mrs W Lee.

Place of Business 332 1st St NW Address

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 to sign 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.]