

FORM NO. 3.

No. 47896/5

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

Ref 7/13/85

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 47903

Date of Death July 12<sup>th</sup> 1885

Full Name of Deceased Grover Cleveland Nash

Sex Male

Age Years 7 Months Days

Color White

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

Occupation

Birthplace Washington D.C.

Nativity of Father American Nativity of Mother Do

Duration of Residence in the District of Columbia Life

Place of Death, [Give Street and Number.] S.E. Cor of 4<sup>th</sup> & L St NW

Cause of Death, First, (Primary) Cholera infant

Duration about two weeks 1-1

Second, (Immediate) Septicemia to Brain

Duration of Last Sickness 2 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 the same.

Place of Burial Congreg Cent.

Date of Burial July 13 1885 J. P. [Signature] M. D.

Undertaker [Signature]

Place of Business 612 TT 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, having signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such death is provided, That in case of death from any zymotic or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [OVER.]