

CC FORM No. 3.

2/ No. 44135

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. 44164
 Date of Death Oct 14 188 4
 Full Name of Deceased Augusta Otto
 Sex Female
 Age 66 years or about Months _____ Days _____
 Color white

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

(7)

Occupation _____
 Birthplace Germany
 Nativity of Father Germany Nativity of Mother Germany
 Duration of Residence in the District of Columbia 24 years

Place of Death, [Give Street and Number.] 474, Monymed St. N.W.
 Cause of Death, { First, (Primary) not known

{ Duration _____
 { Second, (Immediate) Constriction of the brain

Duration of Last Sickness four days 111-1

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 Congress Cem.
 Date of Burial Oct. 17 1884
 { Undertaker Geo. W. Lee James G. Mosser, M. D.
 { Place of Business 332 M St. N.W. Address 905 E. N.W.

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 any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [over.]