

R93/310

OVERTON, GEORGE WILLIAM [R93/310]

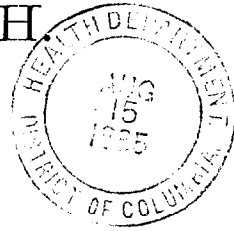
FORM No. 3.

No. 48439

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. 48476  
 Date of Death August 13<sup>th</sup> 1885.  
 Full Name of Deceased George William Overton  
 Sex Male  
 Age thirty four Years          Months          Days.  
 Color white

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

Occupation Engineer (H)

Birthplace Virginia  
 Nativity of Father Virginia Nativity of Mother Virginia

Duration of Residence in the District of Columbia thirty four years

Place of Death, [Give Street and Number.] Govt. Hospital for the Insane

Cause of Death {  
 First, (Primary) Pericarditis with Effusion  
 Duration           
 Second, (Immediate) Heart Failure III-2

Duration of Last Sickness 5 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 Congress Cem.

Date of Burial Aug. 14 1885 A. D. Britner M. D.

Undertake, Mr. W. Lee Govt Hospital for the Insane

Place of Business 332 M St 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, if the deceased person was afflicted with any contagious or infectious disease, to forward it to the Registrar aforesaid within twenty-four hours after such certificate is signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such certificate is signed. Provided, That in case of death from any contagious or infectious disease, said certificate shall be so made and forwarded within eight hours after the death.