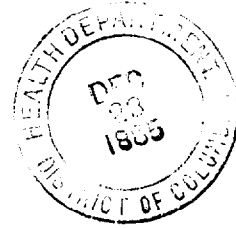


The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 49944
 Date of Death Dec 22nd 1885
 Full Name of Deceased Mary Polish
 Sex Female
 Age 70 Years Months Days
 Color White

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

Occupation Housekeeper
 Birthplace Balt (7)

Duration of Residence in the District of Columbia 60 Years
 Nativity of Father Ma Nativity of Mother Ma

Place of Death, [Give Street and Number.] #470 N St S.W.

Cause of Death {
 First, (Primary) Injury from a fall fractured Humerus
 Duration
 Second, (Immediate) Poisonia V-1

Duration of Last Sickness Four Weeks

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 Compressing Co
 Date of Burial Dec. 23rd 1885
 Undertaker J. Williams Lee H. O. Fenwick M. D.
 Place of Business 332 P St S.W. Address #504 6th S.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 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 infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [over.]