

no. 5 m.

TRANSPORTATION OF DEAD BODIES. TRANSIT PERMIT.



This Certificate must be presented to the Local Board of Health for Approval.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

I, Dr. Gaeto May 8, 1901,
 Decided that Capt. John E. Rockwell
 (If Minor, give parent's name also.)
 died about 70 years ago at _____ M.
 Years _____ Months _____ Days _____
 at Harmony Village, Middlesex Co. Va
 I hereby certify that the above is true to the best of my knowledge and belief.
R. B. Dutton M. D. or Coroner
Harmony Village County of _____ State of Va

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before
 the body can be shipped.
 I, James Bosley of _____ County of _____
 on the _____ day of _____
 do hereby give to remove for burial at _____
 the body of _____
Capt. John E. Rockwell who died at _____
Harmony Co. Va County of _____ on the _____
about 20 years ago months _____ days. The cause
 being Pneumonia which is a **NON-CONTAGIOUS** disease.
 The transportation of bodies dead of Small-Pox, Asiatic Cholera, Yellow Fever, Typhus Fever or Bubonic Plague, is absolutely forbidden.
 Signed JAMES BOSLEY, M. D.
 COMMISSIONER OF HEALTH.
 Local Board of Health.
 and preceding Certificate must be detached and delivered to the person in charge of the Corps.

CERTIFICATE OF DEATH.

No. of BURIAL PERMIT. 6104 No. of RECORD. 3502
 DISTRICT OF COLUMBIA.

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS, MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death About 20 years ago
 2. Full Name of Deceased Capt. John E. Rockwell
 3. Sex: MALE Age: _____
 4. Color: WHITE
 5. Conjugal Condition: _____
 6. Occupation _____
 7. Birthplace of Deceased _____
 8. Birthplace of Father _____
 9. Birthplace of Mother _____
 10. Duration of Residence in this District _____
 11. Place of Death Harmony Valley Va.
 12. Cause of Death _____
 13. If Death Occurred in an Institution give:
 NAME OF INSTITUTION _____
 LENGTH OF TIME DECEASED WAS AN INMATE _____
 14. If Deceased did not Die at his or her Residence, give:
 PLACE OF RESIDENCE _____
 I hereby certify that I attended the deceased professionally during _____ last illness.
 M. D., _____
 Address _____

To be Filled Out and Signed by the Undertaker:
 PLACE OF BURIAL Congressional DATE OF BURIAL May 8th 1901
 If Body is to be Buried Outside of the District, state:
 ROUTE OF TRANSPORTATION _____ DATE OF REMOVAL _____
 SIGNATURE Robert Scott Undertaker.
 Address 401 8th S.E.