

FORM No. 3.

No. 46057

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. 46075
 Date of Death March 11 1885
 Full Name of Deceased Jane Rogers
 Sex Female
 Age 84 Years Months Days
 Color White

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

Occupation _____
 Birthplace Penn
 Nativity of Father Ireland Nativity of Mother Ireland

Duration of Residence in the District of Columbia 6 Years

Place of Death, [Give Street and Number.] 328 Indiana Ave NW

Cause of Death,
 First, (Primary) _____
 Duration _____
 Second, (Immediate) Senile Debility
 Duration of Last Sickness 14-13

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 Mar. 13 1885
 Undertaker Jno W Lee Address 304 C St NW
 Place of Business 332 6th St NW

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, he 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.]