

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.

P

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 48895
 Date of Death Sept 17 1885
 Full Name of Deceased Mary Jane Saunders
 Sex F
 Age 27 Years 10 Months Days.

Color white

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

Occupation (7)

Birthplace va

Duration of Residence in the District of Columbia 7 years

Nativity of Father va Nativity of Mother va

Place of Death, [Give Street and Number.] 803 F St SW

Cause of Death {
 First, (Primary) Phthisis pulmonum
 Duration one year 11-2
 Second, (Immediate)

Duration of Last Sickness one year

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 Congressional Cem

Date of Burial Sept. 20 1885 A. K. Hoyle M. D.

Undertaker Wm. O. Lee

Place of Business 332 6th St NW Address 407 - 6 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, if 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.]