

23

P 291/301

FORM No. 3.

No. 44321

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

Changed by Dr. M...  
M...

# CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. 44345  
Date of Death Oct 29<sup>th</sup> 1884  
Full Name of Deceased Catherine Schaffer  
Sex Female  
Age 66 Years 2 Months 13 Days  
Color White

Married, Single, Widow, or Widower (8)  
Occupation  
Birthplace Germany  
Nativity of Father do. Nativity of Mother do.  
Duration of Residence in the District of Columbia 8 years  
Place of Death, [Give Street and Number.] 743-13<sup>th</sup> St. S. E.

Cause of Death, { First, (Primary) Chronic Bronchitis 3  
Duration  
Second, (Immediate) Debility 111  
Duration of Last Sickness about 6 months

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  
Date of Burial Oct 31<sup>st</sup> 84  
{ Undertaker Wm F. Spindler, M. D.  
Place of Business 7<sup>th</sup> near L. St. Address 1701. 6. St 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, having 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.]