

FORM NO. 3.

No. 49169

14

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.

R.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.



Permit No. 49179

Date of Death Oct 13th 1885

Full Name of Deceased Eleano Wallingsford

Sex female

Age 73 Years Months Days

Color White

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

Occupation

Birthplace Washington

Nativity of Father Montgomery Md Nativity of Mother

Duration of Residence in the District of Columbia All her life

Place of Death, [Give Street and Number.] 1016 Mass Avenue NW

Cause of Death First, (Primary) Inflam. of Bowels + Old age

Duration Second, (Immediate) Exhaustion

Duration of Last Sickness Four days III - 4

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

Date of Burial Oct-14/85 S. Webster Prentiss M. D.

Undertaker R. S. Gaine

Place of Business 1011-7th St NW Address 1224 9 -

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 certificate is signed. 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.]