Health Department, City of Baltimore.

Permit No. 20872 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. 223

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 - 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 59 *Years,* *Months.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 45 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 119 S. Broadway

Cause of Death, {First (Primary), Apoplexy / Second (Immediate),}

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 24 1890

Undertaker, H. Arnold Rice

Place of Business, 1210 Eastern Ave. Medical Attendant

Address, 1729 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after death, to the Undertaker or other person superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]