

Special Aug 3/98

No. B 0070

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

Health Department, City of Baltimore,

Permit No. **B 8816** Office of Registrar of Vital Statistics. Ward **9**

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 to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August - 2nd 1898.

Full name of Deceased, Write legibly with ink and spell correctly. If an infant not named give names of parents. Stevenson Archer

Sex, ~~Male~~ or ~~Female~~, Cross out the words not required in this line.

Age, 71 Years, 6 Months, — Days.

Color, white

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

Occupation, _____

Birthplace, State or County, and how long in the United States, if of foreign birth. Harford Co. Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, Give Street and Number. City Hospital.

Cause of Death, First (Primary), Cystitis, Prostatitis, Colitis,
Second (Immediate), General Debility + Anemia

Duration of Last Sickness, 4 yrs. +

All the above information should be furnished by the Physician.

Place of Burial, Del Ave Md

Date of Burial, Aug 3rd 1898

Undertaker, Em Mitchell J. W. Scauland, M.D.,
Medical Attendant.

Place of Business, 120 N. Fayette St. Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of 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 the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 01/26/2023.