

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~carefully 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.



## CERTIFICATE OF DEATH.

Date of Death, February 28 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Green

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

Age, 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black Sex, Male

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

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rochester Co N.Y.

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and number. } 1011 Paris Alley

Cause of Death, { First (Primary), Second (Immediate), } Nephritis  
uraemic

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co. Chadden M. D.

Date of Burial, Feb. March 1st 1877 Medical Attendant.

{ Undertaker, Mr. H. Bishop Jr. Address \_\_\_\_\_

{ Place of Business, 103 Druid Hill Ave.

### 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 it be 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 forty-eight hours after the death, to the Undertaker or other person or persons 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, except in cases of births and deaths of illegitimate children.

[OVER.]