

RECORD OF A DEATH IN PHILADELPHIA.

9912

PHYSICIAN'S CERTIFICATE.

Full Name of Deceased, Frank Phillips Inglean
 Sex, male Color, white State if Chinese Japanese Indian **37361**
 Single, Married, Single State if Widow Widower Divorced
 Date of Birth { Year, 1905 Date of Death { Year, 1906 Age, { Years, 0
 { Month, 8 { Month, 4 { Months, 7
 { Day, 27 { Day, 9 { Days, 13
 (If age is less than one day, give hours).....

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTER-LINED, CORRECTED or ALTERED, as all such changes impair its value as a public record.

I HEREBY CERTIFY, That I attended deceased from Mar 10th 1906 to April 9th 1906 that I last saw him alive on April 9th 1906 and that death occurred, on the date stated above at 7:10 P.M. The CAUSE OF DEATH was as follows:

Chief, Convulsion - Cerebral of bowels ²⁵⁷ DURATION, { 1 Mos. 1 Days
 Contributing, Dehydration { 1 Mos. 1 Days

This Certificate must not be issued for any other purpose than as a report to the Board of Health. Should the Physician issue a duplicate, it must be distinctly marked "Duplicate," and state why issued.

Signed, N. H. Saffman M. D.
 Residence, 2739 Kensington

UNDERTAKER'S CERTIFICATE.

Occupation, _____ Place of Birth, Phila
 (Give occupation for all persons 14 years of age and over)
 Birthplace of Father, England Birthplace of Mother, England
 Name of Father, John
 Maiden Name of Mother, Laura J. Jacobs
 Last Place of Residence (This need only be given when it is other than the place of death.) _____
 Place of Death, Street and No. 2861 N. 4th St
 Ward, wherein death occurred, 3.3
 Buried from, Street and No. 2861 N. 4th St
 Date of Burial, April 12th 1906
 Place of Burial, Belvue Cemetery

This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.

Henry Scher & Sons Undertaker.
 Residence, 2009 E. Susquehanna

Write plainly, and with Ink; fill in every blank space,