## RECORD OF A DEAT 15178 PHYSICIAN'S CERTIFICATE. Full Name of Deceased Japanese Indian Sex, Color. Ne Certificate will be accepted which is MUTHATED, ILLEOSELF, BIAGCURATE, or any perios of which has been ERASED, INTER-LINER, CORRECTED or ALTERED, as all each changes Impair its value as all each changes Impair its value Widow Single, Married, 10 Date of Date of Birth Death. FORMER OR HOW LONG AT PLACE OF DEATH # USUAL RESIDENCE 1 HEREBY CERTIFY, That I attended deceased from that I last saw h (1) alive on and that death occurred, on the date stated above The CAUSE OF DEATH Was as follows : DURATION. Contributing, Air This Certificate must not be issued for any other purpose than as a report to the based of Beath. Should the Physician joine a duplicate, it must be distinctly aurited "Duplicate," and state why Signed, Hospital or Institution langed. UNDERTAKER'S CERTIFICATE Occupation. (Give occupation for and over) Birthplace of Fathe Birthplace of Mother. Maiden Name of Mother Ward. [Give ward of Residence, except when deceased in such cases give ward of Hospital or Instituti Buried from, Street and No. Date of Burial, Place of Burial. sp-This Certificate must be exchanged at the Health Office for a Permit before burial takes place or bedy is remaved from the City. Undertaker. anhard Il Residence.