

Must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA

CORONER'S CERTIFICATE

(No.)

1. Name of deceased: *Thomas Morgan*
2. Color: *White*
3. Sex: *Male*
4. Age: *61* years *0* months *0* weeks *0* days
5. Single, married, widowed or divorced: *Married*
6. Date of Death: *April 2nd 1904*
7. Place of Death: *Chancellor Street*
8. Cause of Death: *Cholera*

Undertaker's Certificate in Relation to Deceased.

10. Occupation: *Driver* on Place of Birth: *England*

11. Birthplace of father: *England*

12. Who is a next of kin? Name of mother: *286 1/2 Market St*

13. Residence: *33*

14. Ward: *33*

15. Buried from Street and Number: *286 1/2 Market St*

16. Date of Burial: *April 6th 1904*

17. Place of Burial: *Greenwood (No. 10)*

Residence: *236 S. 6th Street*

(Undertaker)