

RECORD OF A DEATH IN PHILADELPHIA.

PHYSICIAN'S CERTIFICATE.

24036

Full Name of Deceased, Hubbs
 Sex, male Color, White State if Chinese Japanese Indian
 Single, Married, _____ State if Widow Widower Divorced
 Date of Birth { Year, 1906 Date of Death { Year, _____
 { Month, September { Month, _____ Age, { Years, _____
 { Day, 25 { Day, _____ { Months, _____
 { Days, _____ { Days, _____
 (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 _____ 190_____ to _____ 190_____ that I last saw h_____ alive on _____ 190_____ and that death occurred, on the date stated above at _____ M. The CAUSE OF DEATH was as follows :

{ Chief, Still Born DURATION. _____ Mos. _____ Days
 { Contributing, _____ { _____ Mos. _____ 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, E. J. Chassigne M. D.
 Residence, 2501 N. 33 St

UNDERTAKER'S CERTIFICATE.

Occupation, none Place of Birth, Philada
 (Give occupation for all persons 14 years of age and over)
 Birthplace of Father, Philada Birthplace of Mother, Pa
 Name of Father, Harry L. Hubbs
 Maiden Name of Mother, Birdell Sheetz
 Last Place of Residence (This need only be given when it is other than the place of death.) _____
 Place of Death, Street and No. 3325 W. Cumberland St
 Ward, wherein death occurred, 28th
 Buried from, Street and No. 3325 W. Cumberland St
 Date of Burial, Sept 26th 1906
 Place of Burial, Mt Peace Cem

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

Wm H. Springfield Undertaker.
 Residence, 3001 Susg. Ave