

**RETURN OF A DEATH,
IN THE CITY OF PHILADELPHIA.
PHYSICIAN'S CERTIFICATE.**

1. Name of Deceased, Wm Henry Hubbs
 2. Colour, White
 3. Sex, male
 4. Age, 3 months
 5. Married or Single,
 6. Date of Death, March. 21st 1863
 7. Cause of Death, Convulsions
Dr. J. Taylor M. D.
 Residence, 1306 Girard Avenue

UNDERTAKER'S CERTIFICATE, IN RELATION TO DECEASED.

8. Occupation,
 9. Place of Birth, Phil^a
 10. When a Minor, } Name of Father, Levin W Hubbs
 } Name of Mother Eliza Ann Hubbs
 11. Ward, Do
 12. Street and Number, Shannon St 7th Block from Ridge
 13. Date of Burial, March 24
 14. Place of Burial, O S Cemetery
Wm Stearns UNDERTAKER.
 Residence, Coates St 9th

Date of Certificate.