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

This constitutes one Certificate. To be returned, by the Superintendent of Cemetery, to Health Office, on Saturday of each week, before 12 M.

1. *Name of Deceased,* Sarah Kilpatrick
2. *Color,* White
3. *Sex,* Female
4. *Age,* 67 Years
5. *Married or Single,* Married
6. *Date of Death,* August 1st 1882
7. *Cause of Death,* Chronic Inflammation of the Liver

W. H. Carroll M. D.

Residence, 617 S. 16 St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. *Occupation,*
9. *Place of Birth,* Ireland
10. *When a Minor,* { Name of Father, — / Name of Mother, — }
11. *Ward,* 26
12. *Street and Number,* 2305 Ellsworth St.
13. *Date of Burial,* August 4th 1882
14. *Place of Burial,* Mount Moriah

Thompson Carson Undertaker.

Residence, 1312 Seventh Street