

1. Full Name of Deceased,	Elvira Richards		
2. Color, (Race, if not white,)	White		
3. Sex,	Female		
4. Age,	35	Years,	Months, Days.
5. Married, Single, Widow or Widower,	Married		
6. Occupation,			
7. Date of Death,	May 24"		1894
8. Cause of Death,	Primary, or Chief and Determining, Chronic Gastritis Exhaustion Secondary, or Consecutive and Contributing, Eight Months		
9. Duration of Last Illness,	Eight Months		
10. When a Minor,	Name of Father,	Birthplace,	
	Name of Mother,	Birthplace,	
11. Birthplace,	U.S.		
12. Late Residence,	No.	Avenue, Street	Ward.
13. Time of Residence therein,	4	Years,	Months, Days.
14. Place of Previous Residence,	City		
15. Place of Interment,	Highwood Cemetery,		
16. Date of Interment,	May 27" 1894		
17. Name of Physician or other Person Signing Certificate,	J. M. Ryall M. D.		
18. His Residence,	No.	Avenue, Street	Ward.
19. Undertaker,	J. D. Hershberger & Son		
20. His Residence,	No.	Avenue, Street,	Ward.
21. Date of Certificate,	May 26" 1894		
22. Date of Registration,	June 2" 1894		