

N. B.—A certificate of death is a document of great importance. More than 4,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given correctly, legibly, and as fully as possible.

TO PHYSICIANS.

1. The attending physician must furnish a certificate in ordinary cases, within 24 hours after death: in contagious cases, within 12 hours. [Act of Assembly.]
2. All physicians practicing in the City of Philadelphia must be registered in the Bureau of Health. [Act of Assembly.]
3. If a person dies from criminal violence, or by a casualty, or suddenly while in apparent health, or when unattended by a physician, or when a registered physician has been in attendance for less than 24 hours, or in an suspicious or unusual manner, the case must be referred to the Coroner.
4. Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Gangrene,	Necrosis
Abscess,	Gastritis,	Peritonitis
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hæmorrhage,	Miscarriage	Tetanus,

[Any one of these may be the result of an injury, and thus be a subject for investigation by the Coroner. If it is not, the certificate should make that fact plain.]

5. No certificates giving "Heart Failure," "Dropsy," or other mere symptom, as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. In all cases of death from Cancer or Tumor, the physician must give the location of the same in order that it may be properly classified.

7. In all cases of Still Birth the physician must give the date of delivery in lieu of date of death, and must also give the surname of the child.

RECORD OF A DEATH IN PHILADELPHIA.

28596

PHYSICIAN'S CERTIFICATE.

Full Name of Deceased, Joseph Progan
 Sex, M. Color, W. State of Pa.
 Single, Married, Single State of Pa.
 Date of Birth { Year, 1906 Date of Death { Year, 1906
 { Month Dec { Month Dec Age, { Years, —
 { Day 5 { Day 11 { Months, 1
 { Days, 6
 (If age is less than one day, give hours) —

62—No Certificate will be accepted which is MUTILATED, ILLIBIBLE, 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 Dec 1 1906 to Dec 11 1906 that I last saw him alive on Dec 11 1906 and that death occurred, on the date stated above at 6 P. M. The CAUSE OF DEATH was, as follows:

Chief, <u>Imanition</u>	DURATION, <u>—</u> Mos. <u>11</u> Days
Contributing, <u>"</u>	<u>—</u> Mos. <u>11</u> Days

63—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, Irwin A. Morris M. D.
 Residence, 1314 & 15 st

UNDERTAKER'S CERTIFICATE.

Occupation, _____ Place of Birth, Penna
 (Give occupation for all persons 24 years of age and over)
 Birthplace of Father, Penna Birthplace of Mother, Penna
 Name of Father, Joseph Progan
 Maiden Name of Mother, Sarah Long
 Last Place of Residence (This need only be given when it is other than the place of death.) _____
 Place of Death, Street and No. 1549 So 33 st
 Ward, wherein death occurred, 36
 Buried from, Street and No. 1549 So 33
 Date of Burial, Dec 12
 Place of Burial, Holly Grove

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

William A. Schofield Undertaker.
 Residence, 1127 So 20 st