

BOARD OF HEALTH, CITY OF BRADFORD,

COUNTY OF MCKEAN, STATE OF PENNSYLVANIA.

The Special Attention of Physicians is respectfully invited to the Remarks below and the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH.

To the Health Officer of

Bradford Pa

No. _____

Permit No. _____

Date of Death

March 3rd

Full Name of Deceased

Charles H. Daniels

Sex

Male

Age

65

Years

—

Months

—

Days

Married, ~~Single, Widow, or Widower~~, [Cross out the words not required in this line]

Occupation

Cooper

Birthplace

New York State

Duration of Residence in

Bradford 15 Years

Nativity of Father

U.S.

Nativity of Mother

U.S.

When a Minor,

{ Name of Father _____

{ Name of Mother _____

Place of Death, [Give Street and Number]

No 3 Washington Street

Cause of Death

{ First, (Predisposing.)

Old age Dropsy from Renal Disease

{ Second, (Immediate.)

Duration of Last Sickness,

6 Weeks

All of the above information should be furnished by the Physician. In case of death by communicable disease, please state what, if any, local cause exists to produce the same.

Place of Burial

St Bernards Cemetery

Date of Burial

March 6th 1894

{ Undertaker,

J. H. Donnelly

{ Place of Business,

Bradford Pa

Address,

*Dr. Clinton Williams M.D.
Bradford Pa*

Every undertaker or other person who may have charge of the funeral of any dead person, shall procure a properly filled out certificate of the death and its probable cause, in accordance with the form prescribed by the Board of Health, and shall present the same to the Health Officer of the Board of Health, and obtain a burial or transit permit thereupon, at least twenty-four hours before the time appointed for such funeral; and he shall not remove any dead body until such burial or transit permit shall have been procured.

The following additional information is requested in relation to the Causes of Death enumerated below:

*Aneurism—Mode of Death.
Cer. Spin. Meningitis—Variety, whether epidemic or simply inflammatory.
Childbirth—Circumstances producing Death.
*Cancer—Variety and seat.
Calculus—Mode of Death.
Detention—Mode of Death.
Disease of Heart—Variety. Valves involved.
Dropsy—Variety and Cause, & Serous Sac involv'd
Enteritis and Gastro Enteritis—Cause. Whether Diarrhœal or not.
Erysipelas—Seat and cause.
Fractures—Cause and Mode of Death.
Gan Grene—Seat and Cause.
Gastritis—Cause.
*Hernia—Variety and Mode of Death.
Insanity—Variety and Mode of Death.
Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.
Miscarriage—Cause and Mode of Death.
Malignant Pustule—Location and Cause.
Malformation—Variety.
Metritis—Variety and Cause.
Necrosis—Seat. Cause and Mode of Death.
*Ovarian Tumor—Mode of Death.
Paralysis—Variety and Cause.
Peritonitis—Cause.
Phlebitis—Cause.
Pyæmia—Cause. Nature of injury, if any.
Premature Birth—Cause. Foetal age.
Preternatural Birth—Manner of.
Syphilis—Variety, Chief Location, Mode of Death.
Tetanus—Nature of injury, if any.
Ulcer—Nature, Chief Location and Mode of Death.
Violence—Cause, Variety, Seat, Mode of Death.
Abscess—Cause, Location, and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of death.

In diseases marked thus * state if operation has been performed.

In cases of Death resulting from Violence, state whether Accidental, Homicidal, Suicidal, or in pursuance of Legal Judgment.

REMARKS:

I hereby Certify that this is a true and correct Copy of the Original as file in my Office as Health Secy.
Jas. A. Fendley
City Clerk.