

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

1. Name of Deceased, *A. Judson Birchall.*  
2. Color, *White.*  
3. Sex, *Male.*  
4. Age, *32 yrs*  
5. Married or Single, *Married.*  
6. Date of Death, *Dec. 22<sup>nd</sup>.*  
7. Cause of Death, *Phthisis pulmonalis.*
- Geo. H. Clark,* M. D.  
Residence, *W. Walnut Lane & Green St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Stone Keeper*  
9. Place of Birth, *German town*  
10. When a Minor, { Name of Father, *—*  
Name of Mother, *—*  
11. Ward, *22<sup>1</sup>*  
12. Street and Number, *Margrove Ave N. of Church German town*  
13. Date of Burial, *Dec 26<sup>1</sup> 1887*  
14. Place of Burial, *Milestone Baptist Church*
- Perk & Ricci* Undertaker.  
Residence, *German town*

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