

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

1. Name of Deceased, *Geo W Trabel*
 2. Color, *white*
 3. Sex, *Male*
 4. Age, *31 yrs*
 5. Married or Single, *Single*
 6. Date of Death, *June 27. 1886.*
 7. Cause of Death, *Consumption of lungs.*

Julius B. Wertz M. D.

Residence, *2103 Howard St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Base Ball Player*
 9. Place of Birth, *Milada*
 10. When a Minor, { Name of Father, *—*
 { Name of Mother, *—*
 11. Ward, *24*
 12. Street and Number, *2050 N 6 St*
 13. Date of Burial, *June 29 1886*
 14. Place of Burial, *Frankford Cemetery*

Julius B. Wertz Undertaker.

Residence, *2050 N 6 St*

To be returned, by the Superintendent of Cemeteries, to Health Office, on Saturday of each week, before 12 M.