

24707

# RETURN OF A DEATH

## IN THE CITY OF PHILADELPHIA

### CORONER'S CERTIFICATE.

1. Name of deceased, *William J. Greenwood*
2. Color, *white*
3. Sex, *Male*
4. Age, *44 years*
5. Married or single, *Single*
6. Date of Death, *May 2<sup>nd</sup> 1912*
7. Cause of Death, *Heart disease*

*Thomas S. Bryan* Coroner.  
*S. Woodrow*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Heaver*
  9. Place of Birth, *Phila.*
  10. When a Minor { Name of Father, \_\_\_\_\_  
 Name of Mother, \_\_\_\_\_
  11. Ward, *9<sup>th</sup> St.*
  12. Street and Number, *1846 E. Lockhigh Ave*
  13. Date of Burial, *May 5<sup>th</sup> 1912*
  14. Place of Burial, *Mt. Moriah Cem.*
- John W. Connor* Undertaker.  
 Residence, *2022 E. York st.*

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