

1898
 RETURN OF DEATH IN THE PHILADELPHIA ALMSHOUSE AND HOSPITAL.

PHYSICIAN'S CERTIFICATE.

1. Name of Deceased, *William Haug*
2. Color, *white*
3. Sex, *male*
4. Age, *49*
5. Married or Single, *Single*
6. Date of Death, *Nov. 21, 1898.*
7. Cause of Death, *Uremia.*

Wm. Pickett
 RESIDENT PHYSICIAN,
 Philadelphia Hospital.

UNDERTAKER'S CERTIFICATE

8. Occupation, *Flour Mill*
9. Place of Birth, *Fluda*
10. When a Minor, { Name of Father,
 Name of Mother,
11. Ward, *28 32*
12. Street and Number, *2014 N 16 St*
13. Date of Burial, *11-23-98*
14. Place of Burial, *German Hall*

W. H. Bullen Undertaker,
 Residence, *3538 N 17 St*
 Date of Certificate, *11-23-98*