

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

This certificate on Certificate. To be returned, by the Superintendent of Cemeteries, to Health Officer, on Saturday of each week, before 12 M.

1. Name of Deceased, *John F. McMullen*
 2. Color, *White*
 3. Sex, *Male*
 4. Age, *32 years*
 5. Married or Single, *Married*
 6. Date of Death, *April 11th 1881*
 7. Cause of Death, *Pneumonia*

Samuel Miller M. D.
 Residence, *750 Catharine St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *At a Capt Store*
 9. Place of Birth, *Philadelphia Penna*
 10. When a Minor, { Name of Father, _____
 { Name of Mother, _____
 11. Ward,
 12. Street and Number, *602 South St.*
 13. Date of Burial, *April 13th 1881*
 14. Place of Burial, *Old Cathedral Cemetery*

A. B. Ringhart Undertaker.
 Residence, *438 W 7th St.*