

**RETURN OF A DEATH**

**IN THE CITY OF PHILADELPHIA.**

**17989 PHYSICIAN'S CERTIFICATE.**

- 1. Name of Deceased, *Kenan B. Phillips*
- 2. Color, *White*
- 3. Sex, *Male*
- 4. Age, *34*
- 5. Married or Single, \_\_\_\_\_
- 6. Date of Death, *2. 26. '96*
- 7. Cause of Death, *Pneumonia*
- 8. Street and Number from which Patient was received.

*John B. Chapin D.*  
 Hospital, *Anna Hospital*

**Undertaker's Certificate in Relation to Deceased**

- 9. Occupation, \_\_\_\_\_
- 10. Place of Birth, *Ohio*
- 11. When a Minor, { **Father,**  
                          **Mother,**
- 12. Ward, *14<sup>th</sup>*
- 13. Street and Number, *660 No 10 St.*
- 14. Date of Burial, *Feb-29-1896*
- 15. Place of Burial, *Mt. Vernon.*

*Wm. J. Stuard* Undertaker.  
 Residence, *660 No 10 St*