

1. Full Name of Deceased,
2. Color, (Race, if not white,)
3. Sex,
4. Age,
5. Married, Single, Widow or Widower,
6. Occupation,
7. Date of Death,
8. Cause of Death, { Primary, or Chief and Determining,
Secondary, or Consecutive and Contributing,
9. Duration of Last Illness,
10. Name of Father,
11. Name of Mother,
12. Birthplace of Deceased,
13. Late Residence of Deceased,
14. Time of Residence therein,
15. Place of Previous Residence,
16. Place of Interment,
17. Date of Interment,
18. Name of Physician or other Person signing Certificate.
19. His Office or Residence,
20. Name of Undertaker,
21. His Office or Residence,
22. Date of Return,
23. Date of Registration,

James S. Ritz
 White
 Male
 22 Years, — Months, — Days,
 Single
 Druggist
 November 10th 1896
 Typhoid Fever
 Perforation and Hemorrhage
 18 days
 W. W. Ritz His Birthplace, Pennsylvania
 Mary Ritz Her Birthplace, Pennsylvania
 Altoona Pennsylvania
 No. Mercy Hospital Avenue, Street, 6th Ward,
 — Years, — Months, 18th Days,
 Pittsburgh
 Altoona Pennsylvania Cemetery,
 November 12th 1896
 George L. McCoy M. D.
 No. Mercy Hospital Avenue, Street, 6th Ward,
 Burns and Giltinan
 549 Grant Avenue, Street, 5th Ward,
 November 11th 1896
 November 14th 1896