

# RETURN OF A DEATH

## IN THE CITY OF PHILADELPHIA.

### Physician's Certificate.

1. Full Name of Deceased, John P. J. Sennedefer
2. Color, White State if  Chinese,  Japanese,  Indian.
3. Sex, Male
4. Single, Married, Married State if  Widow,  Widower,  Divorced.
5. Age, { Years, 55  
Months, 4  
Days, 6
6. Date of Death, { Year, 1903  
Month, May  
Day, 3rd
7. Cause of Death, { Chief, Rupture of the stomach  
Contributing, Gastric ulcer

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTERLINED, CORRECTED or ALTERED, as all such changes impair its value as a Public Record.

\*This Certificate must not be issued for any other purpose than as a report to the Board of Health. Should the Physician issue a duplicate, it must be distinctly marked "Duplicate," and state why issued.

Lewis Brinton M. D.  
Residence, 802 N. Broad St.

### Undertaker's Certificate.

8. Occupation, (Give occupation for all persons 13 years of age and over.)
9. Place of Birth, Phila. Pa.
10. Birthplace of Father, United States
11. Birthplace of Mother, New Jersey
12. When a Minor, { Name of Father,  
Name of Mother,
13. Last place of Residence, (This need only be given when the deceased resided out of the city.)
14. Place of Death, Street and No. 1021 Brown St.
15. Ward, wherein death occurred, 14.
16. Buried from, Street and No. 1021 Brown St.
17. Date of Burial, May 6<sup>th</sup> 1903
18. Place of Burial, West Laurel Hill Cem

\*This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.

Albert Moore Undertaker.  
Residence, 829 Vine St