

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

1. Name of Deceased,
2. Color,
3. Sex,
4. Age,
5. Married or Single,

*George Fenwick*  
*White*  
*Male*  
*38 years*

6. Date of Death,
7. Cause of Death,

*Feb 1/90*  
*Chronic Pulmonary Phthisis*

*Wm Simpson* M. D.

Residence *26 Cr St. Bnd St*

**UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.**

8. Occupation,
9. Place of Birth,
10. When a Minor,
11. Ward,
12. Street and Number,
13. Date of Burial,
14. Place of Burial,

*Moulder*  
*Phibada*  
 { Name of Father, —→  
 Name of Mother, —→

*5th*  
*232 Union St*

*Feb 6th 1890*

*New ~~Central~~ Cemetery*

*Melby Haully* Undertaker

Residence *705 3rd Pine St*

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