

This certificate and Certificate, to be returned by the Health Officer, on Saturday of each Week, before 12 M.

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

1. Name of Deceased, *Daniel Logan*  
 2. Colour, *White*  
 3. Sex, *Male*  
 4. Age, *32 Years*  
 5. Married or Single, *Married*  
 6. Date of Death, *July 21*  
 7. Cause of Death, *Gun Shot Wounds  
to Head*

*Wm. D. McLaughlin*  
 M.D.  
 Physician

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

8. Occupation, *Soldier*  
 9. Place of Birth, *Ireland*  
 10. When a Minor, } Name of Father, \_\_\_\_\_  
                               } Name of Mother, \_\_\_\_\_  
 11. Ward, *8th*  
 12. Street and Number, *1206 Cony St at Covent*  
 13. Date of Burial, *Oct. 9<sup>th</sup> 1863*  
 14. Place of Burial, *Cathedral Cmn*

*W D Howard* Undertaker.

Residence, *1629 Market St.*