

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

1. Name of Deceased, Anna Crogan
 2. Color, White
 3. Sex, Female
 4. Age, 39 years
 5. Married or Single, Married
 6. Date of Death, Oct 13th 1875
 7. Cause of Death, Consumption of Lungs

M. H. Paul M. D.
 Residence, No 627 or 10th St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, _____
 9. Place of Birth, Prussia, Pr
 10. When a Minor, { Name of Father, _____
 { Name of Mother, _____
 11. Ward, 3rd
 12. Street and Number, 207 8th St
 13. Date of Burial, Oct. 13th 1875
 14. Place of Burial, German Lutheran Cemetery

Geo. Bitterhoff Undertaker.
 Residence, 1000 8th St

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