

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

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

1. Name of Deceased, Heloise Mary Logan
 2. Color, Colored
 3. Sex, Female
 4. Age, 10 months
 5. Married or Single,
 6. Date of Death, Jan 24 1888
 7. Cause of Death, Courvulsion

George G. Wise M. D.
 Residence, 424 S. Broad St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation,
 9. Place of Birth, India Pa
 10. When a Minor, { Name of Father, Jerry G. G. C.
 { Name of Mother, Priscilla
 11. Ward, 7th
 12. Street and Number, 1130 Ohio St
 13. Date of Burial, Jan 24 1888
 14. Place of Burial, Wm. Greenway
Trus. N. Howard & Son
 Residence, 1028 S. Lombard St