

6

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

1. Name of Deceased, *Perin Coogan*
2. Color, *white*
3. Sex, *male*
4. Age, *65 yrs*
5. Married or Single, *married*
6. Date of Death, *Sep. 29th '89*
7 Cause of Death, *Apoplexy*

J. D. Dudd M. D.
Residence, *3615 Poulton Ave*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation, *Store Keeper*
9. Place of Birth, *Ireland*
10. When a Minor, { Name of Father, _____
 { Name of Mother, _____
11. Ward, *24*
12. Street and Number, *4047 Market St*
13. Date of Burial, *Sept 30 1889*
14. Place of Burial, *W. C. C. C.*

James M. Gummie Undertaker.
Residence, *138 N 17 St*