

REPORT OF DEATH.

SEE PENALTY FOR NON-REPORT.

This "Stub" is to be kept by the physician, and is for his convenience for reference.

Use Ink, and write plainly, especially names.

1. Full name of deceased.....
(If an infant not named, so state, and give sex.)

Josephine Dietrich

2. Age years..... months..... days..... hours.

04 years 10 months 18 days

3. Color..... Occupation.....

W. Housekeeper

4. ~~Single~~, married, widow or widower..... { Cross out all but the right one. }

5. Birthplace.....
(State or country.)

Germany

6. Last place of residence.....
(If a city, give name; if not, give county and township.)

*26 Straight St
Paterson N.J.*

7. How long resident in this State.....

33 years

8. Place of death.....
(If in a city, give name of street and number; if in township, give name

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and county; if in an institution, so state.)

9. Father's name.....

Country of birth.....

10. Mother's name.....

Country of birth.....

11. I hereby certify that I attended the deceased during the last

illness, and that..... died on the.....

day of..... 189.....; and that the cause of death

was.....

Length of sickness..... { See over and add particulars. }

*One month
Andrew F. McBride*

Medical Attendant.

Residence.....

397 Main St.

Name of Undertaker.....

M. F. Smith

Residence of Undertaker.....

Paterson

Place of burial.....

Holy Sepulchre