No. A. [illegible]

The Special Attention of Physicians is Respe[illegible] to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No A 6463 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended a person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. Feb 11th 188[illegible]

Full Name of Deceased. (Write legibly and spell correctly. If an infant not named, give names of parents.) C J M Gorman

Sex, Male or Female. (Cross out the word not required in this line.)

Age. 70 *Years.* 8 *Months.* *Days.*

Color. White

Married, Single, Widow or Widower. (Cross out the words not required in this line.)

Occupation. Lawyer

Birth Place. (State or County, and how long in the United States if of foreign birth.) Balto Md

Duration of Residence in the City of Baltimore. Life

Place of Death. (Give Street and Number.) 33 E Mt Vernon Place

Cause of Death. First Primary. Pneumonia

Second Immediate. Exhaustion

Duration of Last Sickness. One Week

Place of Burial. Green Mount C[illegible]

Date of Burial. McGregory [illegible]

[illegible] M. D.

Medical Attendant.

Undertaker. [illegible] Jenkins [illegible]

Place of Business. [illegible] Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

[illegible]