Liver Cirrhosis of

"In case of a death, the Physician attending must fill this blank and furnish same to a member of the family under penalty of $25.00"—Revised Ordinance.

Anna, C

J. J. FURLONG CHARLESTON PRINTING HOUSE 13141

Health Department of the City of Charleston

"All permits for the removal of the body of any deceased person from the City of Charleston for interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of Charleston, shall be granted and signed by the Registrar."

this Certificate to City Hall for Burial Permit

☞All Physicians practicing in Charleston (including those in Public Institutions) are requested to register their names in the Bureau of Vital Statistics

Registered No. 1036.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Charleston.

Township

Township or Village

City or Ch City. (No. 32 Coming. St., Ward) [If death occured in a Hospital or Institution, give its NAME instead of street and number]

STANDARD CERTIFICATE OF DEATH

State of 860

Registered No.

2 FULL NAME Henry Thomas Zacharias.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male.

4 Color or Race: White.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word): Married

6 Date of Birth: April (Month) 12th (Days) 1864 (Year)

7 Age: 50 years 2 mos. 15 days. If LESS than 1 day, ... hrs. or ... min.?

8 Occupation
(a) Trade, profession, or particular kind of work: Contractor.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 Birthplace (State or Country): Greensboro. Md.

PARENTS

10 Name of Father: D.J.Zacharias.

11 Birthplace of Father (State or Country): Greensboro.

12 Maiden Name of Mother: Susan M.Moller

13 Birthplace of Mother (State or Country): Greensboro. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 27th (Day) 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from — 1912 to — 1914.

That I last saw him alive on 17th June 1914.

and that death occurred, on the date stated above, at 12 45 A. M.

The CAUSE OF DEATH* was as follows:

Biliary Cirrhosis of Liver

3 Years DURATION 3 YRS. — MOS. — DS.

CONTRIBUTORY (SECONDARY) Toxaemia DURATION — YRS. 1 MOS. ? DS.

(SIGNED) John L. Darrow M. D.

June 27 1914 (ADDRESS) 82 Rodd St.

*State the Disease Causing Death, or, in Death from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
AT PLACE OF DEATH ... YRS ... MOS ... DS. IN THE STATE ... YRS ... MOS ... DS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

FORMER OR USUAL RESIDENCE

19 PLACE OF BURIAL OR REMOVAL: Magnolia Cemetery.

DATE OF BURIAL: June 28th 1914

20 UNDERTAKER: J.Henry Stuhr.

ADDRESS: City.