

Investigation & Approval
C. M. Hammond M.D. G. 3.
June 6th 1896 *Coron*

Record No. *108076*

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate

CERTIFICATE OF DEATH.

P

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

0
10

Permit No. *108181*

Date of Death *June 5th* 1896.

Full name of Deceased *Sadie A. Buxton*

(If an unnamed Infant, insert full names of both Parents.)

Sex *Female*

Age *7* Years *—* Months *—* Days.

Color *white*

Married, Single, Widow, or Widower.

Occupation *—*

Birthplace *Maryland*

Duration of Residence in the District of Columbia *—*

Nativity of Father *Md* Nativity of Mother *Md*

Place of Death [Give Street and Number] *Garfield Memorial Hospital*

Cause of Death { Primary *Compound fracture of skull*
Immediate *Asthenia* *(homicidal)*

Duration of Last Sickness *May 25th to June 5 - 1896*

All of the above information should be furnished by the Physician.

In case of death by zymotic disease, please state what, if any, local cause exists to produce the same.

V-3

Place of Burial *Gathersburg*

Date of Burial *the 7th June* *F. W. Bruden* M. D.

Undertaker *W. R. Pamphrey*

Place of Business *Gathersburg Md.* Address *Garfield Hospital*

Apnoea, E. *ustion*, Heart Failure, and kindred terms must not be certified Primary cause of death.

In case of death from other than natural causes the death certificate must be signed or approved