

Use Ink, and write plainly, especially names

D91

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

Josephine Dietrich

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

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

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

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

Dalton, N.Y.

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

26 Street

St.

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

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

as above

9. Father's name.....

August Dietrich

Country of birth.....

France

10. Mother's name.....

Josephine Dietrich

Country of birth.....

Ger

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.....

she died on the 8<sup>th</sup>

day of..... 189.....

was.....  
as it could be made out

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

Rush Keenan

Medical Attendant.

Residence.....

St. Hamilton Ave

Name of Undertaker.....

Heuman & Co. Undertakers

Residence of Undertaker.....

23 Market St.

Place of Burial.....

Holy Sepulchre