

RETURN OF A DEATH,
IN THE CITY OF PHILADELPHIA.
PHYSICIAN'S CERTIFICATE.

1. Name of Deceased, *John Cassin*
 2. Colour, *White*
 3. Sex, *Male*
 4. Age, *Fifty fifth year,*
 5. Married or Single, *Married*
 6. Date of Death, *January 10th, 1869.*
 7. Cause of Death, *Remittent fever*

Robert Bridges M. D.
 Residence, *No 119 S. 20th St*

UNDERTAKER'S CERTIFICATE, IN RELATION TO DECEASED.

8. Occupation, *Lithographer*
 9. Place of Birth, *Delaware Co. Pennsylvania*
 10. When a Minor, } Name of Father,
 } Name of Mother,
 11. Ward, *Fifth*
 12. Street and Number, *430 Spruce St*
 13. Date of Burial, *January 13th 1869*
 14. Place of Burial, *Laurel Hill Philadelphia.*

John Cook **UNDERTAKER.**
 Residence, *921 Spruce St*
 Date of Certificate.