

# CERTIFICATE OF DEATH.

No. of BURIAL PERMIT.

134899

No. of RECORD.

134863

DISTRICT OF COLUMBIA.

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS, MAY BE FOUND ON THE OTHER SIDE.

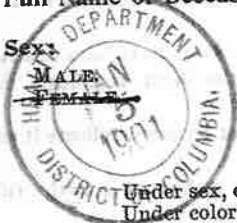
1. Date of this Death

January 4 1901

2. Full Name of Deceased

William Leon Robey

3. Sex:



~~MALE~~  
~~FEMALE~~

4. Age:

YEARS 1  
MONTHS 2  
DAYS \_\_\_\_\_

5. Color:

~~WHITE.~~  
~~COLORED.~~  
~~INDIAN.~~  
~~CHINESE.~~  
~~JAPANESE.~~

6. Conjugal Condition:

~~SINGLE.~~  
~~MARRIED.~~  
~~WIDOWED.~~  
~~DIVORCED.~~

Under sex, color and conjugal condition, strike out the words not applicable.  
Under color the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation \_\_\_\_\_

8. Birthplace of Deceased

Pennsylvania D.P.

9. Birthplace of Father

Virginia

10. Birthplace of Mother

D.C.

If born in the United States, give State, Territory or District; otherwise, give country.

11. Duration of Residence in this District

Life

12. Place of Death

Pennsylvania D.C.

13. Cause of Death

PRIMARY Tuberculosis (Meningitis) complicated Pharynx  
IMMEDIATE Convulsions

DURATION.

13 days

14. If Death Occurred in an Institution give:

NAME OF INSTITUTION \_\_\_\_\_

LENGTH OF TIME DECEASED WAS AN INMATE \_\_\_\_\_

15. If Deceased did not Die at his or her Residence, give:

PLACE OF RESIDENCE \_\_\_\_\_

I hereby certify that I attended the deceased professionally during his last illness.

J. M. Chaffell M. D.,  
Address Pennsylvania D.C.

To be Filled Out and Signed by the Undertaker:

PLACE OF BURIAL

Methodist

DATE OF BURIAL

Jan 6<sup>th</sup> 1901

If Body is to be Buried Outside of the District, state:

ROUTE OF TRANSPORTATION \_\_\_\_\_

DATE OF REMOVAL \_\_\_\_\_

SIGNATURE

Geo. Wise  
Address 2900 N. 2<sup>nd</sup>

Undertaker.

THIS SPACE RESERVED FOR BINDING.