

1. PLACE OF DEATH

Registration  
Dist. No. **3104**STATE OF ILLINOIS  
Department of Public Health—Division of Vital StatisticsHEALTH  
DEPARTMENT  
RECORD  
CITY OF CHICAGOCounty of COOK  
City of CHICAGO

Primary Dist. No. \_\_\_\_\_

Registered No. 10275  
(Consecutive No.)Street and  
Number, No. \_\_\_\_\_St., 6Ward, St. Luke

Hospital

(If death occurred in hospital or institution, give  
its name instead of street and number)2. FULL NAME Adrian C. Anson 12Residence No. 204 E. 55th  
(Usual place of abode)

St., \_\_\_\_\_

Ward \_\_\_\_\_

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)5a. If married, widowed or divorced  
HUSBAND of (or) WIFE of Virginia Anson6. DATE OF BIRTH Apr 17, 1952  
(Month) (Day) (Year)7. AGE Years Months Days IF LESS than  
69 | 11 | 27 | 1 day, \_\_\_\_ hrs. OR \_\_\_\_ min.?8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Manager  
(b) General nature of industry, business, or establishment in which employed (or employer) Golf Club  
(c) Name of employer Dixmoor Golf Club9. BIRTHPLACE (city or town) Marshalltown  
(State or Country) Iowa10. NAME OF FATHER Henry Anson11. BIRTHPLACE OF FATHER (City or Town) New York  
(State or Country)12. MAIDEN NAME OF MOTHER Jane Rice13. BIRTHPLACE OF MOTHER (City or Town) New York  
(State or Country)14. INFORMANT M. R. Dodge  
Address Chicago Ill15. Filed APR 15 1922 8:04 P.M.  
1922 Registrar W. J. JacksonMEDICAL CERTIFICATE OF DEATH 74-a16. DATE OF DEATH Apr 14, 1952  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from  
Apr 9, 1952, to Apr 14, 1952  
that I last saw him alive on Apr 14, 1952  
and that death occurred, on the date stated above, at  
2:36 p.m. The CAUSE OF DEATH\* was as follows:  
Cerebral hemorrhageContributory (Secondary) High blood pressure  
Prostatactomy (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

## 18. WHERE WAS DISEASE CONTRACTED

If not at place of death? Don't know  
Did an operation precede death? yes Date of Apr 8  
Was there an autopsy? No  
What test confirmed diagnosis? Phys Exam  
(Signed) W. J. Schroeder M. D.  
Address St. Luke Hospital  
Date Apr 14, 1952 Telephone Cal 4040

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

19. PLACE OF BURIAL OR REMOVAL Oakwood 21. DATE OF BURIAL Apr 17, 195220. UNDERTAKER West C. M. Jordan, Figueroa 164-30. Mich ADDRESS