

## 1. PLACE OF DEATH

County **COOK**City **CHICAGO**Registration  
Dist. No. **3104**Primary  
Dist. No. ....STATE OF ILLINOIS  
State Board of Health - Bureau of Vital StatisticsHEALTH  
DEPARTMENT'S  
RECORDSTANDARD  
CERTIFICATE OF DEATH

CITY OF CHICAGO

Registered No. **40037**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME **John J. Farrell**No. **1114 E. 73 St** St. **7** Ward **13****929**

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

2. SEX **M** 4. COLOR OR RACE **W** 5. MARRIAGE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Mar.**6. DATE OF BIRTH **June 17 1889**  
(Month) (Day) (Year)7. AGE **29** yrs. **5** mos. **15** ds. IF LESS than 1 day, ... hrs. OR ... min.?8. OCCUPATION (a) Trade, profession, or particular kind of work **Locomotive fireman**  
(b) General nature of industry, business, or establishment in which employed (or employer) **IC R.R.**9. BIRTHPLACE (State or country) **Chicago**10. NAME OF FATHER **M. Farrell**11. BIRTHPLACE OF FATHER (State or country) **Ireland**12. MAIDEN NAME OF MOTHER **Catherine Harger**13. BIRTHPLACE OF MOTHER (State or country) **Illinois**

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Catherine Farrell**  
(Address) **1114 E. 73 St**15. Filed **Dec 3 1918** at **Hickory**16. DATE OF DEATH **Dec 2 1918**  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from **11-27**, 1918, to **12-2**, 1918, that I last saw him alive on **12-1**, 1918, and that death occurred, on the date stated above at ... m. The CAUSE OF DEATH\* was as follows:**lobar pneumonia**(Duration) ... yrs. ... mos. **4** ds. Contributory (Secondary) .....(Signed) **W. H. Baker** M. D.  
(Address) **7104 Cottage Grove**  
Date **12-2**, 1918 Telephone **Frank 40**18. LENGTH OF RESIDENCE (For Hospital, Institution, Transients, or Recent Residents) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence **1114 E. 73 St**19. PLACE OF BURIAL OR REMOVAL **Oakwood** DATE OF BURIAL **Dec 4 1918**20. UNDERTAKER **Carl J. Adams** ADDRESS **417 Houston**

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.