UT REF	ER TO BACK OF	REPORT FOR I	NSTRUCTIONS.	a 6770
Authorized by the State Board of Health, Sec. 4, 5, State Board of Health Act, 1877.	REPORT	OF DEA	ATH.	Revised Ordinances, City of Chicago Sec. 2030, 2050, 2051, 4088.
DEPARTMENT OF HEALTH		BUREAU OF VI	TAL STATISTI	CSDEATHS.
1. Name of Deceased (in full) Ede 2. Sex: Male Color: (o) 4. Age: 4 years	hite 3. Born in	hicago		
4. Age: years 6. Died on the day of 7. Single, Married, Widowed. Occup	DEcember 189	5. Lived in Illinois	P. M.	
7. Single, Married, Widowed. Occu 8. Place of Death: 635 %.	Campbell	ava		Ward 14
8. Place of Death: 635 N. 9. Place of Burial: Forest Hopate: Dicessory 4	189 9. A	ndertaker: 7	os Chica	License No.
PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH. 1 Sereby Certify, That, to the best of my knowledge and belief, the cause of the death of the above-named and described deceased was as hereunder written				
CAUSE OR CAUSES OF DEATH.				DURATION OF CAUSES.
Chief and Determining	lmonary o	Inberent	ous }	Months. Days. Bours.
Contributing and Consecutive Causes			# 1	
Witness my band, This 2	(Signature:)	Q .	Hising	M. D
day of Dellaron	189 9 . Address :	- V V	10 WI. 1000	forme.