

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

BUREAU OF VITAL STATISTICS.

DEPARTMENT OF HEALTH: CITY OF CHICAGO.

20207

UNDERTAKER'S REPORT OF DEATH.

1. Name of Deceased (in full) Martin M. Honan
 2. Sex: M Color: W 3. Place of Birth Chicago Father's Birthplace Ireland Mother's Birthplace Ireland
Of deceased (State or Country, if outside of Chicago).
 4. Age: 38 years _____ months _____ days. 5. Lived in Illinois 38 years, in Chicago

Years	Months	Days
38		

 6. Died on the 20 day of Aug 1908, at about 11:30 P M.
 7. ~~Single, Married, Widowed, Divorced.~~ Occupation: Salesman
 8. Place of Death: 2573 Emerald Ave Ward 4
See Instructions No. 8—to the Undertaker—on back of Report.
 9. Place of Burial: Calvary 10. Undertaker: John J. Ryan License No. 123
 Date of Burial Aug 21 1908 | Address: 490 E - 26th St
 Hour 10 A M. **PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.** Tel. _____
(See "Suggestions as to the Certificate of Cause of Death," on back of Report.)

I **Decreby Certify**, That, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSES.			
	Years.	Months.	Days.	Hours.
Immediate and Determining <u>Bright's Disease</u>	/			
<u>Albuminuria</u>				
Contributing Cause or Complication _____				

Witness my hand, This 20 day of Aug 1908 } (Signature: Joseph Reilly M. D.
 Address: 4328 Union Tel. 462 707