

County of Cook

Dist. No.

Department of Public Health—Division of Vital Statistics

Chicago

(Cancel the three boxes not applicable—Do not enter "R. E. F. D.," or other P. O. address).

STANDARD CERTIFICATE OF DEATH

Registered No.

18622

Sex and Number

Word, Presbyterian

(Consecutive No.)

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

Length of residence in city or town WHERE DEATH OCCURRED 72 yrs 11 mos 24 ds. How long in U. S. if of foreign birth?

2. FULL NAME Henry O'Day

(a) Residence: No. Great Northern Hotel

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

23

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. Single, Married, Widowed or Divorced (write the word) Single
 6. DATE OF BIRTH July 8, 1862
 7. AGE 72 years 11 months 24 days
 8. Trade, profession, or particular kind of work done, as signatory, lawyer, bookkeeper, etc. Base-ball umpire
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National League
 10. Date deceased (not worked at this occupation for 1 year) Unknown
 11. Total time (years) spent in this occupation 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1935 to July 2, 1935

I last saw living alive on July 2, 1935. death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

June 28, 1935

Other contributory causes of importance:

Tuberculosis of lungs
 Emphysema

about 4 years?

23. Was an operation performed? Date of

For what disease or injury?

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

24. If a communicable disease; where contracted?

Was disease in any way related to occupation of deceased? No

If so, specify how:

(Signed) Walter E. Root M. D.
 Address 172 South Michigan St. Chicago, Ill.
 Date July 2, 1935 Telephone Marisay 1430

*N. B.—State the disease causing death. All cause of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed [Signature] Registrar

P. O. Address [Signature]

Miss (dependent ever arrived in military or naval service of U. S.)

12. BIRTHPLACE (city or town) Chicago Illinois
 13. NAME James - unknown
 14. BIRTHPLACE (city or town) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (city or town) unknown
 17. INFORMANT Hospital records P. Campbell
 P. O. Address 1753 West Congress

18. PLACE OF BURIAL Calvary
 19. DATE July 5, 1935
 Location Evanston
 County Cook State Ill

20. UNDERTAKER [Signature] ADDRESS 2346 W. Madison St.