

1. PLACE OF DEATH

Registration

STATE OF ILLINOIS
Department of Public Health—Division of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

County of

Registration

Township or
Road District
or Village of

Dist. No.

City of

Primary

Dist. No.

Registered No.

(Consecutive No.)

Street and
Number, No.Ward, 21 Hospital
(If death occurred in hospital or institution, give
its name instead of street and number)

2. FULL NAME

Residence, No.

(Usual place of abode)

Ward, 1 Hospital
(If non-resident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the Word)5a. If Married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH

7. AGE

Years

Months

Days

if LESS than
1 day, hrs.
OR min.?

8. OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

14. INFORMANT

Address

15.

Filed

June 16, 1922

1922

AM

6:22

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) (Day) (Year)

17.

I HEREBY CERTIFY, That I attended deceased from

June 10, 1922, to June 24, 1922,

that I last saw him alive on June 24, 1922,

and that death occurred, on the date stated above, at

4:30 m. The CAUSE OF DEATH* was as follows:

Congestive broncho-pneumonia

Protrus Cardiac decomposition

Extrasystoles

(Duration) yrs. mos. ds.

Contributory

(Secondary) chronic myocarditis

(Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical measures

(Signed) Ireland C. Slager, M. D.

Address 441 Fullerton Parkway

Date June 24, 1922 Telephone Lincoln 5009

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

19. PLACE OF BURIAL OR REMOVAL

21. DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Every name of occupation should be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service in U. S.?

PARENTS

S. S. 4
C. S. 4
C. S. 4