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DEPARTMENT OF HEALTH: CITY OF CHICAGO,

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UNDERTAKER'S REPORT OF DEATH

See "Instructions to Undertaker," on Back of Report.

1. Name of Deceased (in full) Patrick J. Quinn.

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: 57 years 0 months 0 days. 5. Lived in Illinois 57 years, in Chicago

Years	Months	Days

6. Died on the 2nd day of January 1909, at about 7 P. M.

7. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ Occupation: Retired. JAN 4 1909

8. Place of Death: * 336 E. Huron St. Ward _____

See Instructions No. 8—to the Undertaker—on back of Report.

9. Place of Burial: Calvary. 10. Undertaker: John Carroll's Sons. License No. 399.

Date of Burial: January 5, 1909. Address: 203 Wells St.

Hour 11 A. M. Tel. No. 475.



PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

(See "Suggestions as to the Certificate of Cause of Death." on back of Report)

I **Hereby 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>Apoplexy.</u>				
<u>Threatening of hemiplegia off + on for 3 weeks.</u>				
Contributing Cause or Complication _____				

Witness my hand, This 4th day of January 1909. } (Signature:) N. J. Davis. M.D.

Address: 72 Madison St. Tel. _____