

1. PLACE OF DEATH.

Registration

County of

Cook
Chicago

Dist. No.

Township Primary
Road Dist. Dist. No.

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

Street and
Number, Mo.

St.

Ward

Registrar No.

Coroner's No.

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

LENGTH OF RESIDENCE WHERE DEATH OCCURRED

yrs. mos. da.

1a. PLACE OF RESIDENCE: DATE

10/11/1936

County

Township

City or Village

Street and Number

2. FULL NAME

Robert R. Roth

PERSONAL AND STATISTICAL PARTICULARS

CORONER'S CERTIFICATE OF DEATH

3. SEX COLOR OR RACE Single, Married, Widowed, or Divorced
(write the story)

Male White Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH Aug. 28-1902

7. AGE 24 Months 0 Days 14 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sign painter, bookkeeper, etc.
Professional ball player of skill, steepleman and ribs10. Date deceased last worked at this occupation
Sept. 193611. Total time (years) spent in this occupation
20 YRS.

12. BIRTHPLACE (city or town) Chicago, Ill.

13. NAME Ches. Roth

14. BIRTHPLACE (city or town) Chicago, Ill.

15. MAIDEN NAME Mary Keller

16. BIRTHPLACE (city or town) Burlington, Wis.

17. INFORMANT Heabel Roth Lawless

P. O. Address 4922 Kenmore Ave

18. PLACE OF BURIAL Cemetery or Receptory

Local

19. DATE

Location Burlington

County Racine State Wisconsin

20. UNDERTAKER

J. H. Krause 1820 S. Michigan

(Print name, if any)

21. DATE OF DEATH

Sept. 11, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY that I took charge of the remains of the deceased herein described, held an

(Inquest, autopsy or inquiry) thereon and from the evidence obtained find that said deceased came to death on the

date stated above and that Disease or Injury causing Death was:

Driver of auto which collided with truck

Date of Onset or Occurrence: Sept. 11-1936

Manner of Injury was: Driver of auto which collided with truck

(Additional space provided on reverse, if needed)

Accidental, Suicidal or Homicidal? Accidental

Was injury in any way related to occupation of deceased?

If so, specify: Chicago

23. INJURY was in: Chicago

Specify whether injury occurred in industry, in house, or in public place:

24. (Signed) Frank J. Walsh Coroner

By: E. G. Galtman Deputy Coroner

Address: 511 County of Cook

Date: Sept. 12, 1936 Telephone

25. 1936 SEP 12 P.M. 1:50 Filed 103

P. O. Address: Vermont

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