

*non-accobacter embases keep up*

*320-70 808*

**ORIGINAL**

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

**STANDARD CERTIFICATE OF DEATH**

*8446*

1. PLACE OF DEATH

County of Cook Registration 1st  
 Dist. No. 104

Township or Road District or Village of \_\_\_\_\_

City of Chicago

Street and Number, No. 46 N 114th St.; 9 Ward, \_\_\_\_\_ Hospital

Primary Dist. No. \_\_\_\_\_

Registered No. \_\_\_\_\_ (Consecutive No.)

If death occurred in hospital or institution, give its name instead of street and number

2. FULL NAME Peter B Wood

Residence No. 46 N 114th St.; 9 Ward, \_\_\_\_\_ Hospital  
 (Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (Write the word)

16. DATE OF DEATH March 15, 1922  
 (Month) (Day) (Year)

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha Aymal

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1922 to March 15, 1922 that I last saw him alive on March 15, 1922 and that death occurred, on the date stated above, at 5 p.m. The CAUSE OF DEATH\* was as follows:

6. DATE OF BIRTH February 14, 1967  
 (Month) (Day) (Year)

Splenic Anemia

7. AGE Years 56 Months 1 Days 14 If LESS than 1 day... hrs. OR... min.?

Contributory (Duration) 3 yrs. mos. ds.  
 (Secondary) Cirrhosis of liver  
 (Duration) 5 yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Physician  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired 7 years  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Canada  
 (State or Country)

18. WHERE WAS DISEASE CONTRACTED  
 If not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? Yes  
 What test confirmed diagnosis? Clinical Ex.  
 (Signed) Frank J. Wap M. D.  
 Address 149 S. Dearborn Ave  
 Date March 16, 1922 Telephone 5-1126

10. NAME OF FATHER John F. Wood

11. BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or Country) Canada

12. MAIDEN NAME OF MOTHER Margaret Winton

13. BIRTHPLACE OF MOTHER (city or town) Cochester (State or Country) New York

14. INFORMANT Clifford Wood  
 Address 424 E 112th St

\*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.)

15. Filed by J. Heckman Registrar.

19. PLACE OF BURIAL OR REMOVAL Mt Greenwood 20. DATE OF BURIAL March 17, 1922  
 20. UNDERTAKER Hartie Ho ADDRESS 1725 Wick Ave