

CORONER'S CERTIFICATE OF DEATH

STATE FILE NO. 12821

STATE OF ILLINOIS

DECEDENT'S BIRTH NO.:

DIST. NO. 747 REG. NO. 355

1. PLACE OF DEATH a. COUNTY Peoria ILLINOIS b. CITY (If outside corporate limits, write RURAL and give OR TOWN City-Peoria c. LENGTH OF STAY (in this place) 30 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 108 Baldwin Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Peoria c. CITY (If outside corporate limits, write RURAL and give township) City-Peoria d. STREET ADDRESS (If rural, give location) 108 Baldwin Ave

3. NAME OF DECEASED (Type or Print) Harry Elbert Bay 4. DATE OF DEATH 20 March 1952

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 17 Jan 1878 9. AGE (In years last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired secretary 10b. KIND OF BUSINESS OR INDUSTRY Peoria Fire Dept 11. BIRTHPLACE (State or foreign country) Pontiac Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME GEORGE BAY

14. MOTHER'S MAIDEN NAME MARTHA SPRINGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no

17. INFORMANT a. Signature Mabel B. Johnson b. Address Hots. Ill. 1850 Ridge Rd Homewood

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Direct cause (a) Coronary occlusion due to (b) Arteriosclerosis due to (c) Antecedent causes Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO []

21a. ACCIDENT SUICIDE HOMICIDE natural causes (specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED While at work [] Not While at Work [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I made inquiry into the cause and manner of this death, and that I find the deceased herein described died from the causes and on the date as stated above.

23a. SIGNATURE S. E. Wood CORONER 23b. DEPUTY CORONER 23c. DATE SIGNED 3/22/52

BURIAL-REMOVAL-CREMATION (date) 24 Mar 52, PLACE Cemetery Parkview Location 901 N University Peoria, Ill

Funeral Director Signature Glenn M Belcke Address 203 N. Perry Peoria, Ill License Number FH 132 RECEIVED FOR FILING ON: 3-24-52 Signed: Emma J. Redding LOCAL REGISTRAR Address: Peoria ILLINOIS Reserved For State Office