

DEPARTMENT OF HEALTH: CITY OF CHICAGO: BUREAU OF VITAL STATISTICS

UNDERTAKER'S REPORT OF DEATH.

Permit for Burial will be issued only on this form if the enclosed is filled out with ink. Refer to back of Report for Instructions.

1. Name of Decedent (in full) George H. Flynn 5652

2. Sex: Male Color: White 3. P. of Birth: Chicago Ill 11/1/21

4. Age: 31 years 7 months 4 days 5. Lived in Illinois 1 years.

6. Died on the 28 day of Dec 1911 at about 5:40 P.M.

7. Single, Married, ~~Widowed~~ Occupation: Ball Player

8. Place of Death: On Street Deaton & Harrison St. W. S. 1st Ward

9. Place of Burial: Graceland 10. Undertaker: Wm. Rolston

Date: Dec 30 1911 Address: 22 Adams St 1164

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 decedent was as hereunder written:

CAUSE OR CAUSES OF DEATH.	Duration or Dates of Illness			
	Years	Months	Days	Hours
Chief and Determining Cause <u>Pulmonary Haemorrhage</u>		<u>2</u>	<u>-</u>	<u>-</u>
Contributing and Consecutive Cause or Causes <u>Pulmonary Tuberculosis</u>				

Witness my Hand, This 28 day of December 1911 } (Signature): Dr. Emory G. Beck M. D.

Address: 620 La Salle Av. Tel. 857 Nord