

PHYSICIAN'S CERTIFICATE OF DEATH.

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the **County Clerk.** Penalty \$10.00, if not returned within 30 days.

6790

STATE BOARD OF HEALTH.

State of Illinois,
Cook County.

1. Name James Mallinac Sex male Color white

2. Age 30 years 6 months — days. Occupation Bar Keeper

3. Date of death Oct 28th hour 6, P M., *Single, Married, Widow, Widow.

4. Nationality and place where born Ireland

5. How long resident in this State 18 years

6. Place of death 86 N. La Salle St - 18th

7. Cause of death Gastritis
with a typhoid condition of system

Complications _____

Duration of Complication _____

8. Duration of disease two week or more

9. Place and date of burial Cabing Oct 30th

10. Name and place of Undertaker Bergmich Lawrence

Dated at Chicago Oct 27th 1879 P. W. Woodworth M. D.
 Residence 129 E. Huron St

*Erase such of these as are not required.
 City—No. Street and Ward; same in towns that have them; township or precinct.
 †State primary and immediate cause of death, and examine the list of diseases printed on cover of this book, and law pertaining to Coroner's inquests.