

CERTIFICATE OF DEATH.

48406

1. Name of Deceased (in full) John G. Otter

2. Sex: M Color: Wh 3. Place of Birth _____ Father's Birthplace _____ Mother's Birthplace _____
Of deceased (State, or Country, if outside Chicago).

4. Age: 35 years _____ months _____ days. 5. Lived in Illinois _____ years, in Chicago,

Years	Months	Days

6. Died on the 17 day of Oct 1905, at about 6:50 A. M.

7. Single, Married, Widowed, Divorced. Occupation: Laborer

8. Place of Death Cook County Hospital

9. Place of usual Residence 734 N. Ashland Avenue Ward _____

10. Place of Burial: Waldheim 11. Undertaker: Frank Zimmerman License No. _____

Date of Burial: _____ 1905 Address: _____

OCT 20 1905

Hour _____ M. CAUSE OF DEATH. Telephone: _____

From Pneumonia.

ILLINOIS
STATE BOARD OF HEALTH
RECORDED

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I hereby certify, that the above stated personal particulars are true to the best of my knowledge and belief, and that the cause of death of the above named and described deceased was as above written by me.

Witness my hand, This 18 day of Oct 1905 (Signature) Peter M. Hoffman

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D.C. 6.