

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

BUREAU OF VITAL STATISTICS.

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H. D. 100 MAR 2-1909

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DEPARTMENT OF HEALTH CITY OF CHICAGO.

UNDERTAKER'S REPORT OF DEATH.

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1. Name of Deceased (in full) John W. Scfield

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

4. Age: 64 years months days. 5. Lived in Illinois 14 years, in Chicago

6. Died on the 17 day of July, 1909, at about 3⁴⁵ P.M.

7. Single, Married, Widowed, Divorced. Occupation: Genl. Accountant London Ins.

8. Place of Death: 115 E. 48th St. Ward _____

9. Place of Burial: Waterbury, N.Y. 10. Undertaker: Boston Bros License No. _____
Date of Burial July 19 1909 Address: 4227 Cottage Grove Ave } 221
Hour 10 A.M. Tel. Cal. 490

See Instructions No. 2 - to the Undertaker - on back of Report.

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 deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSES.			
	Years	Months	Days	Hours
Immediate and Determining Cause <u>By hypertrophic cirrhosis of liver and kidneys.</u>	<u>3</u>			
Contributing Cause or Complication <u>Dropsy and Heart Failure</u>		<u>2</u>	<u>14</u>	

Witness my hand, This 17 day of July, 1909 (Signature): J. Lewis Morgan
Address: 40 Madison St Tel. Cal 54

See "Instructions to Undertaker," on back of Report.