

437  
PLACE OF DEATH.

Registration

Dist. No.

935

38302

STATE OF ILLINOIS ORIGINAL  
HENRY HORNER, GOVERNOR  
Department of Public Health—Division of Vital Statistics

## CERTIFICATE OF DEATH

Registered No. 104  
(Consecutive No.)Street and Number, No. 1256 Elizabeth St. Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
Hospital.

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. mos. ds.

1a. PLACE OF RESIDENCE: STATE 211 County Will Township Road Dist.  
(Usual place of abode)  
City or Village Street and Number 1256 Elizabeth

2. FULL NAME

Abraham Lincoln Bailey

550

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1895

7. AGE Years 44 Months 7 Days 15 IF LESS than 1 day or hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. weighmaster  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phoenix Mfg. Co  
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 4 mo.

12. BIRTHPLACE (city or town) Joliet Ill (State or country)

13. NAME Bernard Bailey  
14. BIRTHPLACE (city or town) Whiteport N.Y. (State or country)15. MAIDEN NAME Charlotte Schriber N.Y. City N.Y.  
16. BIRTHPLACE (city or town) N.Y. City N.Y. (State or country)17. INFORMANT Mrs Grace Caswell (personal signature with pen and ink)  
P. O. Address Joliet18. PLACE OF BURIAL, Cremation or Removal 19. DATE  
Cemetery Embury Sept. 29, 1939  
Location Joliet (Township, Road Dist., Village or City)  
County Will State Ill20. UNDERTAKER Charles Thomas ADDRESS Joliet Ill  
(personal signature with pen and ink)  
(firm name, if any)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 193 to 1939  
I last saw him alive on 9/26/39 death is said to have occurred on the date stated above, at 10:50 AMThe principal cause of death and related causes of importance were as follows:  
Date of onset ?ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
ADMINISTRATIVE PURPOSES ONLY  
This copy is for administrative purposes only23. Was an operation performed? No Date of  
For what disease or injury?Was there an autopsy? No  
What test confirmed diagnosis? Any24. If a communicable disease; where contracted?  
Was disease in any way related to occupation of deceased?  
If so, specify how:(Signed) M. P. Grass M. D.  
Address Joliet Ill  
Date 9/28/39 1939 Telephone 29157

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed SEP 23 1939 M. P. Grass Registrar.  
P. O. Address JOLIET Ill

Has decedent ever served in military or naval service of U. S.? yes