

1. PLACE OF DEATH

County COOK
City CHICAGO

Registration Dist. No. **3104**
Primary Dist. No.

Certificate of Death

Registered No. **28587**

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME

No. **650 E 39th**
Harry Blake

St. **2** Ward **17**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE **Married**
MARRIED WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH **Do not know**
(Month) (Day) (Year)

7. AGE **abt 45** IF LESS than 1 day, ... hrs. OR ... min.?
yrs. ... mos. ... ds.

8. OCCUPATION **Ditcher**
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE **Porchmont Ohio**
(State or country)

10. NAME OF FATHER **Do not know**

11. BIRTHPLACE OF FATHER (State or country) **" "**

12. MAIDEN NAME OF MOTHER **" "**

13. BIRTHPLACE OF MOTHER (State or country) **" "**

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Jeanette Rowan**
(Address) **4231 Michigan**

15. Filed **Nov 8 9 1917**
1047 **Wheat and**
Registrar

CORONER'S CERTIFICATE OF DEATH **166**

16. DATE OF DEATH **Oct 14 1917**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I took charge of the remains of the deceased herein described, held an **Inquest** (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained find that said deceased came to **his** death on the date stated above and that

The CAUSE OF DEATH* was as follows:
Inhalation of hot gases from shock and from second degree burns involving about three fourths of entire surface of the body.

(Duration) ... yrs. ... mos. ... ds.
(Signed) **Let. M. Soffman**, Coroner
(Address) **Per. Carl Evans**
Date **Oct 23rd**, 1917. Telephone **Deputy**

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence **650 E 39th St.**

19. PLACE OF BURIAL OR REMOVAL **Pontemouck Ohio** DATE OF BURIAL **10/16 1917**

20. UNDERTAKER **W. C. Curren** ADDRESS **3913 Cottage Grov**

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

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; (2) whether Accidental, Suicidal, or Homicidal.