

PHYSICIAN'S CERTIFICATE OF DEATH.—Issued by State Board of Health.

4130

State of Illinois,

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the County Clerk, if the party deceased died outside the limits of the City of Chicago; all deaths inside the city limits should be returned on these blanks to the

COOK COUNTY

CITY BOARD OF HEALTH.

1. Name Frank Flint

2. Sex M. Color \_\_\_\_\_

3. Age 37 years \_\_\_\_\_ months \_\_\_\_\_ days

4. Occupation Base-Ball Player

JAN 16 1892

5. Date of death Jan. 14 1892 P. M.

6. ~~Single~~, Married, ~~Widower~~, ~~Widow~~.

7. Nationality and place where born U.S. Philadelphia, Pa.

8. How long resident in this State 3 years

9. †Place of death 62 Twenty-fifth St. 2 Ward

10. ‡Cause of death Phtisis

Complications \_\_\_\_\_

Duration of Complications \_\_\_\_\_

11. Duration of disease 3 months

12. Place of burial St Louis Mo

13. Name of Undertaker Jordan & Fry

14. Dated at Chicago, Jan. 15 1892

Residence 2600 Calumet Ave \_\_\_\_\_ M. D.

\*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.