

31445

STATE OF ILLINOIS  
State Board of Health - Bureau of Vital Statistics

HEALTH DEPARTMENT'S  
SECOND CITY OF CHICAGO

1. PLACE OF DEATH

Registration Dist. No. 3104  
Primary Dist. No. \_\_\_\_\_  
Dist. No. \_\_\_\_\_

STANDARD  
CERTIFICATE OF DEATH

Registered No. 31445

County Cook

City CHICAGO No. 2155 Carroll Av. St. 14 Ward 4

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

2. FULL NAME

William B. Foley

PERSONAL AND STATISTICAL PARTICULARS

CORONER'S CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)  
6. DATE OF BIRTH Nov 15  
(Month) (Day) (Year)  
7. AGE 61 yrs. 11 mos. 11 ds.  
IF LESS than 1 day... hrs OR min. 7

16. DATE OF DEATH Nov 12 1916  
(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:

Organic Heart Disease

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

9. BIRTHPLACE (State or country) Chgo Ill

PARENTS  
10. NAME OF FATHER Charles Foley  
11. BIRTHPLACE OF FATHER (State or country) England  
12. MAIDEN NAME OF MOTHER Mary Brown  
13. BIRTHPLACE OF MOTHER (State or country) England

Contributory (Secondary) \_\_\_\_\_  
(Duration) ... yrs. ... mos. ... ds.  
(Signed) Peter Hoffmann Coroner  
(Address) \_\_\_\_\_  
Date 11-15, 1916 Telephone \_\_\_\_\_

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Charles H Foley  
(Address) 644 S Grove St

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 2155 Carroll Av

15. Filed 11-15 1916  
6-192

19. PLACE OF BURIAL OR REMOVAL Graceland DATE OF BURIAL 11-16 1916  
20. UNDERTAKER H. J. Hurzen ADDRESS 2346 Madison

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Form H.D.V. 204a SM 1-16-07  
Has decedent ever served in military or naval service of U.S.?