

17029

1. PLACE OF DEATH

COOK

County

City CHICAGO

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

HEALTH DEPARTMENT'S RECORD
CITY OF CHICAGO

STANDARD
CERTIFICATE OF DEATH

Registered No. 17029

Registration No.	1104
Dist. No.	
Primary	
Dist. No.	

No. *book for Hospital* St. *19* Ward *5*
 2. FULL NAME *Peter F. Galligan*
 [If death occurred in a hospital or institution, give its NAME instead of street and number.] *120*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 (Write the word)

16. DATE OF DEATH *May 20*, 191*7*
 (Month) (Day) (Year)

6. DATE OF BIRTH
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 15*, 191*7* to *May 20*, 191*7*, that I last saw him alive on *May 20*, 191*7*, and that death occurred, on the date stated above at *4:30* a.m.

7. AGE *53* years.....mos.....ds
 If LESS than. 1 day.....hrs. OR.....min.?

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis
Chronic Nephritis

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

(Duration) *1* yrs.mos. *2* ds.

9. BIRTHPLACE (State or country) *Ill.*

Contributory (Secondary) *Uremia*
 (Duration) yrs.mos. *5* ds.

10. NAME OF FATHER *Tom Galligan*

(Signed) *L. D. Cutting* M. D.
 (Address) *Cook Co Hospital*
 Date *May 20*, 1917 Telephone

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

12. MAIDEN NAME OF MOTHER *Anna Nussey*

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

18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents)
 At place of death..... yrs.mos. *5* ds. In the State *Ill.*mos.ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence *523 So. Morgan St*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Lundy Galligan*
 (Address) *523 So. Morgan St*

19. PLACE OF BURIAL OR REMOVAL *Calvary Cem* DATE OF BURIAL *May 22, 1917*

15. *509 PM.*
 Filed *May 22, 1917*

20. UNDERTAKER *Redmond & Roderick 1905 Harrison*

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