

ORIGINAL

MEDICAL CERTIFICATE OF DEATH

STATE
FILE NO.

16714

STATE OF ILLINOIS 68

DIST. NO. 3104 REG. NO.

DECEDENT'S
BIRTH NO.:

1. PLACE OF DEATH

a. COUNTY

Co k

ILLINOIS

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Chicago

c. LENGTH OF
STAY (in this place)
25 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Illinois

b. COUNTY

Cook

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Chicago

d. FULL NAME OF HOSPITAL OR INSTITUTION

e

d. STREET ADDRESS (If rural, give location)

740 Enlewood Ave.

3. NAME OF DECEASED

(Type or Print)

a. (First)

William

b. (Middle)

J.

c. (Last)

Guthrie

4. DATE OF DEATH

OF DEATH

(Month)

(Day)

(Year)

March 6 1950

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Unknown

8. DATE OF BIRTH

Unknown

9. AGE (In years last birthday)

about 63

10. If Under 1 Year

Months

11. If Under 28 yrs.

Days

12. Hours

Hours

13. Min.

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Umpire (retired)

10b. KIND OF BUSINESS OR INDUSTRY

Baseball

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

11. FATHER'S NAME

William G. Guthrie

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT (Hospital follow special instructions on this item)

a. Signature

Joseph C. Weiss

b. Address

6750 So. Halsted St.

c. Relationship to the deceased

Friend

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

*This does not mean the mode of dying, such as heart failure, asthma, etc.

It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

Direct cause (a)

Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.

due to (b)

Congestive Heart Failure

due to (c)

INTERVAL BETWEEN ONSET AND DEATH

Abrupt

2 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death, but not related to the disease or condition causing death

19a. DATE OF OPERATION

NONE

19b. MAJOR FINDINGS OF OPERATION

20a. ACCIDENT (specify)
SUICIDE
HOMICIDE

20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20c. (CITY, TOWN, OR TOWNSHIP)

CHICAGO

(COUNTY)

COOK

(STATE)

ILL.

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21b. INJURY OCCURRED

While at work Not While at Work

21c. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 46, 1946, to MARCH 6, 1950, that I last saw the deceased alive on FEB 27, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree title)

23b. ADDRESS AND PHONE NO.

4453 S. Ashland Ave

23c. DATE SIGNED

3/7/50

BURIAL (REMOVAL-CREMATATION (if so))

March 9, 1950

PLACE

Cemetery

St. Mary's

Location

Evergreen Park, Illinois

RECEIVED FOR FILING ON:

MAR 9 AM 9 23

Signed:

SUB REGISTRAR

DEPUTY REGISTRAR

LOCAL REGISTRAR

Edward J. Sunderer

Address:

CHICAGO

ILLINOIS

Reserved For State Office

DISPOSITION

FUNERAL DIRECTOR

Firm Name

Address

6000 So. Halsted St.

Signature

License number

STATE CLASSIF.

4251

FILL IN THE FORM WITH TYPEWRITER OR LEGIBLE PRINTING

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