

Form H. D. V. 102B 20M 4-19 Has decedent ever served in military or naval service of U. S.?

STATE OF ILLINOIS

Department of Public Health—Division of Vital Statistics

HEALTH DEPARTMENT'S RECORD CITY OF CHICAGO

1. PLACE OF DEATH

Registration Dist. No. **3104**

Primary Dist. No.

STANDARD CERTIFICATE OF DEATH

Registered No. **20327**

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

County of **COOK**

City of **CHICAGO** No. **742** *Beverly St.*; **25** Ward

2. FULL NAME

James W. Hart

(a) Residence. No. **742** *Beverly St.* Ward **25**
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred **29** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED (Write the word)
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5a. If married, widowed or divorced
HUSBAND of (or) WIFE of **Eva Hart**

6. DATE OF BIRTH **July 10, 1855**
(Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. OR ... min.?
64 **8**

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

(c) Name of employer

9. BIRTHPLACE (city or town) **Daerview Pa.**
(State or Country) **Pa.**

PARENTS

10. NAME OF FATHER **Leffert Hart**

11. BIRTHPLACE OF FATHER (City or Town) **Weyford Conn.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Eva S. Simpson**

13. BIRTHPLACE OF MOTHER (City or Town) **Amherst Pa.**
(State or Country)

14. INFORMANT **Mrs B. Hart**
Address **742 Beverly St.**

15. Filed **July 19 8⁵⁵ P.M. 1919** **W. H. D. Richard**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **July 15, 1919**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **January, 1919**, to **July 15, 1919**, that I last saw him alive on **July 17, 1919** and that death occurred, on the date stated above, at **5 a.m.** The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. **7** mos. ds.
Contributory (Secondary) **Cardiac failure**
(Duration) yrs. **3** mos. ds.

18. WHERE WAS DISEASE CONTRACTED

if not at place of death?
Did an operation precede death? **No** Date of
Was there an autopsy? **No**
What test confirmed diagnosis? **Physical findings**
(Signed) **William Hollorschmid**
Address **1232 Chase St.**
Date **July 18, 1919** Telephone **RP 3265**

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

19. PLACE OF BURIAL OR REMOVAL **Graceland** 21. DATE OF BURIAL **July 21, 1919**

20. UNDERTAKER **W. K. Blatum** ADDRESS **1764 Ogden St.**