

FILL IN THIS FORM (except signature)
WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS ORIGINAL
DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County of Cook Registration
Dist. No. 3104
City Chicago Village Chicago Township North Primary Dist. No. 3104
Street and Number, No. _____ St. _____ Ward North Hospital _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 19666
(Consecutive No.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. _____ mos. 7 da.

2. PLACE OF RESIDENCE: STATE Illinois County Cook Township _____ Road Dist. _____
City or Village Chicago Street and Number 621 Woodlawn Ave

3 (a) PRINT FULL NAME ANTHONY J. MULLANE 18. LIST NO. 53

3 (b) If veteran, name war no 3 (c) Social Security No. none
4. Sex Male 5. Color or race White 6 (a) Single, widowed, married, divorced Widowed
6 (b) Name of husband or wife Daphnia 6 (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 30 1959
8. AGE: Years 85 Months 2 Days 16 If less than one day hr. _____ min. _____

MEDICAL CERTIFICATE OF DEATH
20. Date of death: Month 4 day 25 year 1944 hour 9 minute 25
21. I hereby certify that I attended the deceased from 9/18 1944 to 4/25 1944
that I last saw h. in alive on 4/25 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Basal cell carcinoma of the face ?
Associated diseases _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Cook Ireland
10. Usual occupation Retired
11. Industry or business _____
FATHER { 12. Name Henry Mullane
13. Birthplace not known Ireland
MOTHER { 14. Maiden name Elizabeth Kahan
15. Birthplace not known Ireland

22. Was an operation performed? no Date of _____
For what disease or injury? _____
Was there an autopsy? no
Findings? _____
23. If a communicable disease; where contracted? _____
Was disease in any way related to occupation of deceased? _____
If so, specify how: _____
(Signed) David W. Jones M.D.
Address Cook County Hospital
Date 4/26 1944 Telephone 5520

16. INFORMANT Hospital records
P. O. Address W. Main
17. PLACE OF BURIAL (b) DATE
(a) Cemetery St. Joseph's 4-25-44
Location North
County Cook State Ill

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.
25. Filed St. Joseph's 1944
P. O. Address 944 APR 27 PM 3 06

18. Registrar W. E. Covona
License No. 1411667-4
4273

BY D. JONES