

1. PLACE OF DEATH.

Registration

3104

STATE OF ILLINOIS

ORIGINAL

County of Cook.

Dist. No.

Department of Public Health—Division of Vital Statistics

Chicago.

*Village *Township
*City *Road Dist.Primary
Dist. No.

100

CERTIFICATE OF DEATH

Registered No.

(Consecutive No.)

Street and Number, No. 1429 Morse Ave.

St.

Ward.

Hospital.

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

LENGTH OF RESIDENCE WHERE DEATH OCCURRED

yrs. mos. 10 ds.

1a. PLACE OF RESIDENCE: STATE

Indiana

County

Posey

(Usual place of abode)

City or Village

Winona Lake

Township

Street and Number

Road Dist.

2. FULL NAME

William A. Sunday.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (specify the word) Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen S. Sunday.

6. DATE OF BIRTH (month, day, and year) about 1863.

7. AGE Years Months Days IF LESS than 1 day, hrs. or min. about 72 - -

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Clergyman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1933.

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) Ames, Iowa. (State or country)

13. NAME William Sunday.

14. BIRTHPLACE (city or town) Unknown, Penna. (State or country)

15. MAIDEN NAME Mary J. Cory.

16. BIRTHPLACE (city or town) Syracuse, Indiana. (State or country)

17. INFORMANT Helen S. Sunday (personal signature with pen and ink)

P. O. Address 1429 Morse Ave

18. PLACE OF BURIAL, Cremation or Removal Cemetery Forest Home, Chicago, Illinois. (Township, Road Dist., Village or City)

19. DATE Nov. 9th 1935.

20. UNDERTAKER (personal signature with pen and ink) Fred K. Limer, 1255 N. Clark, Chicago Ill. (firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov-6 1935

22. I HEREBY CERTIFY That I attended deceased from Nov-6 1935 to Nov 6 1935

I last saw him alive on Nov 6 1935; death is said to have occurred on the date stated above, at 8 P. M.

*The principal cause of death and related causes of importance are as follows:

Chronic Myocarditis
Angina PectorisDate of onset
Nov-1933
Nov-30

Other contributory causes of importance:

Enlarged Heart.

Nov-1933

23. Was an operation performed? No Date of For what disease or injury?

Was there an autopsy? No

What test confirmed diagnosis? Clinical

24. If a communicable disease; where contracted?

Was disease in any way related to occupation of deceased?

If so, specify how:

(Signed) H. T. Shain D.O. M.D.

Address 1421 Morse Ave

Date Nov-6 1935 Telephone RP 0826

*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 1935 NOV 8 PM 7 57 Registrar.

P. O. Address

Ill.