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PHYSICIAN'S CERTIFICATE OF DEATH.—Issued by State Board of Health.

State of Illinois,

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the County Clerk, if the party deceased died outside the limits of the City of Chicago; all deaths inside the city limits should be returned on these blanks to the

COOK COUNTY.

CITY BOARD OF HEALTH.

- 1. Name W A Halber
- 2. Sex Male Color _____
- 3. Age 49 years 6 months _____ days.
- 4. Occupation _____
- 5. Date of death April 10th 5-8 P M. 1882
- 6. *~~Single, Married, Widower, Widow.~~
- 7. Nationality and place where born American New York
- 8. How long resident in this State 46 yrs
- 9. †Place of death 1324 40th St Hyde Park Ward or town.
- 10. †Cause of death Heart Disease Complications _____
- 11. Duration of disease 6 months Duration of Complications _____
- 12. Place of burial Graceland
- 13. Name of Undertaker Gordon
- 14. Dated at Chicago April 12 1882 W D Taylor M.D.
Residence 1839 Oakwood Boulevard

468.

*Erase such of these as are not required.
 †City—No., Street and Ward; same in towns that have them; township or precinct.
 ‡State primary and immediate cause of death, and examine the list of diseases printed on cover of this book, and law pertaining to Coroner's inquests.