

## 1. PLACE OF DEATH

Registration

STATE OF ILLINOIS  
Department of Public Health—Division of Vital Statistics

ORIGINAL

## STANDARD CERTIFICATE OF DEATH

County of

Township or  
Road District  
or Village of

City of

Street and  
Number, No.

Dist. No.

Primary  
Dist. No.Registered No. *17136*  
(Consecutive No.)

## 2. FULL NAME

Residence, No.

(Usual place of abode)

Ward, *7 Mercy* Hospital  
(If death occurred in hospital or institution, give  
its name instead of street and number)Ward, *12 Mercy* Hospital  
(If non-resident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(Write the Word)

## 16. DATE OF DEATH

*July 4* 19 *22*  
(Month) (Day) (Year)5a. If Married, widowed or divorced  
HUSBAND of *Ellen Pickett*  
(or) WIFE of17. I HEREBY CERTIFY, That I attended deceased from  
*June 30* 19 *22*, to *July 4* 19 *22*6. DATE OF BIRTH *Feb. 20 - 1866*  
(Month) (Day) (Year)that I last saw ~~her~~ alive on *July 4* 19 *22*  
and that death occurred, on the date stated above, at  
*4 P* m. The CAUSE OF DEATH\* was as follows:  
*Carcinoma of the*7. AGE Years Months Days If LESS than  
*56* *4* *14* 1 day, hrs. OR min.?*Carcinoma of the*  
(Duration) yrs. mos. ds.8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Foreman*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Bat factory Spaulding*  
(c) Name of employerContributory (Secondary) *Broncho-pneumonia*  
(Duration) yrs. mos. ds.9. BIRTHPLACE (city or town) *Chicago*  
(State or Country)18. WHERE WAS DISEASE CONTRACTED  
If not at place of death?10. NAME OF FATHER *Thomas Pickett*Did an operation precede death? *Yes* Date of *June 30*  
Was there an autopsy? *Yes*11. BIRTHPLACE OF FATHER (city or town) *Ireland*  
(State or Country)What test confirmed diagnosis: *Operation & 1-Pap*  
(Signed) *John B. Hartman*, M. D.12. MAIDEN NAME OF MOTHER *Mary Mill*Address *Mercy Hosp*  
Date *July 4* 19 *22* Telephone *Ue 7600*13. BIRTHPLACE OF MOTHER (city or town) *Ireland*  
(State or Country)

\*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. (See reverse side).

14. INFORMANT *Mrs. Ellen Pickett*  
Address *6556 Greenwood Ave*19. PLACE OF BURIAL OR REMOVAL *Calvary* 21. DATE OF BURIAL *July 7, 1922*15. Filed *Jul 6* *22* Registrar20. UNDERTAKER *B. J. H. H. H.* ADDRESS *6332 Union*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

\*Has decedent ever served in military or naval service in U. S.?