

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

17116

State of Illinois,

The Physician who attended the 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

STATE BOARD OF HEALTH.

1. Name Charles T. Suck  
 2. Sex M Color Gr  
 3. Age 36 years 2 months 18 days  
 4. Occupation Gen. Supt.  
 5. Date of death Jan 29<sup>th</sup> 1895 10 M. JAN 29 1895  
 6. Single, Married, Widower, Widow.  
 7. Nationality and place where born Chicago Ill  
 8. How long resident in this State \_\_\_\_\_  
 9. Place of death 3801 Harrison Place St. Ward \_\_\_\_\_  
 10. Cause of death Pneumonia (acute) Complications \_\_\_\_\_

11. Duration of disease Four weeks  
 12. Place of burial St. Michael's  
 13. Name of Undertaker W. H. ...  
 14. Dated at Chicago Jan 30<sup>th</sup> 1895. W. H. ... M. D.  
 Residence 3850 ...

\*Three each of these are not required.  
 †City—No., Street and Ward; name 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.