DEPARTMENT OF HEALTH: CITY OF CHICAGO: BUREAU OF VITAL STATISTICS. UNDERTAKER'S REPORT OF DEATH

Permit for Burial will be issued only op-this form of Report correctly filled out <u>with Ink</u> . R	
(1)	efer to back of Report for Instructions.
Name of Deceased (in full)	
Sex: M Color: While 3. Place of Birth Indianapal	is Ind
Age: 4 G years months days. 5. Lived in Illinois years	urs.
Died on the 22 day of June 190 Jat about 330 h M.	
Single, Married, Wilawed. Occupation: Murchant	
Place of Death: Hossmoor Jus	Ward
Place of Parial: Olikwood 10. Undertaker: Whattie	Buffum) 14
Date: June 25th 2 Prest Address: 1722	Watsch and 6
	Tel. No. /38 4 C
[See "Suggestions as to the Certificate of Cause of Death," on Back of Report.	
creby Certify, That, to the best of my knowledge and belief, the cause of the death of the above named a	nd described deceased was as hereunder wri
USE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSES.
	Years Months, 2 Days, Hou
ief and Determining Anguna (Sectoria	Years Months. Days. Hou
	Years House
ntributing and Consecutive Cause or Causes	Years Tonnas Pays Hou
	Years Tours Ho
	} Yeart Months Pays Hot
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