

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

State of Illinois,
COOK COUNTY.

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; if the death occurred inside the city limits should be returned on these blanks to the

CITY BOARD OF HEALTH.

JUL 20 1895

1. Name Laura Apple

2. Sex Female Color white

3. Age 37 years — months — days

4. Occupation Housewife

5. Date of death 7. 17. 95. 10 p.m.

6. *Single, Married, Widower, ~~Widow~~

7. Nationality and place where born Wisconsin

8. How long resident in this State —

9. †Place of death C. C. Hospital St. 12 Ward

10. †Cause of death Acute Hemorrhagic Nephritis | Complications —
Duration of Complications

11. Duration of disease —

12. Place of burial Mt Olive

13. Name of Undertaker Jno Smith

14. Dated at July 18 1895. Chas. M. Wood M.D.
 Residence C. C. Hospital

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*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.