

No. 789

Physician's Certificate of Death.

Name of Deceased,

Mary Fitzgerald

Date of Death, Jan 4 1879

Filed this day

of 18

County Clerk.

Calver, Page, Hogan & Co. Stationers, Chicago.

JAN 10 1880
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PHYSICIAN'S CERTIFICATE OF DEATH.

Culver, Page, Hays & Co., Stationers, Chicago.

State of Illinois,

Sasall County.

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the County Clerk. Penalty \$10.00, if not returned within 30 days.

STATE BOARD OF HEALTH

1. Name *Mary Fitzgerald* Sex *female* Color *white*
2. Age *41* years *1* months *1* days. Occupation *day laborer*
3. Date of death *Jan 4* hour *10* P.M., **Single*, Married, Widower, Widow.
4. Nationality and place where born *Ireland*
5. How long resident in this State *20* years
6. Place of death† *St. Louis*
7. Cause of death‡ *Pneumonia* Complications _____

8. Duration of disease *11* days
9. Place and date of burial *Jan 6th Sasall*
10. Name and place of Undertaker _____

Dated at *Waltham* 18 *80* *Wm Robinson* M. D.
 Residence *Waltham*

*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.

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STATE BOARD OF HEALTH

1. Name *Mary Fitzgerald* Sex *female* Color *white*
2. Age *41* years *1* months *1* days. Occupation *day laborer*
3. Date of death *April 4* hour *10* P.M., *Single, Married, Widower, Widow.
4. Nationality and place where born *Ireland*
5. How long resident in this State *20* years
6. Place of death † *Atlea*
7. Cause of death ‡ *Pneumonia* Complications

Duration of Complication

8. Duration of disease *11* days
 9. Place and date of burial *Jan 6th Sasall*
 10. Name and place of Undertaker *W. H. ...*
- Dated at *Wathaur* 18 *80* *Wm Kabinson* M. D.

Residence *Wathaur*

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