

16637
1. PLACE OF DEATH

Registration
Dist. No.
Primary
Dist. No.

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

HEALTH
DEPARTMENT'S
RECORD
CITY OF CHICAGO

STANDARD
CERTIFICATE OF DEATH

Registered No. 16637

County Cook

City CHICAGO

No. Washington Block 27 St. 1 Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Mary Brooks

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 54

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

16. DATE OF DEATH June 5, 1916
(Month) (Day) (Year)

6. DATE OF BIRTH May 8, 1855
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1916, to June 5, 1916, that I last saw him alive on June 5, 1916, and that death occurred, on the date stated above at 10 P.M.

7. AGE 61 yrs. 28 mos. 28 ds. OR 1 day, 0 hrs 0 min.

The CAUSE OF DEATH* was as follows:
Progressive Pernicious Anemia, Exhaustion (Primary)
(Duration) 1 yrs. 0 mos. 0 ds.

8. OCCUPATION (a) Trade, profession, or particular kind of work at home (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country) Scotland

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (State or country) Scotland

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (State or country) Scotland

Contributory (Secondary) _____ (Duration) 1 yrs. 0 mos. 0 ds.

(Signed) W.P. Metcalf M. D.
(Address) 2449 W. Washington Bldg
Date 6-5, 1916 Telephone Whet 3170

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Brooks
(Address) 1878 Nebraska

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 8 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds. Where was disease contracted, if not at place of death? at home Former or usual residence 442 W. Keystone

15. Filed 6-7, 1916 Registrar J. H. Hoekspeter

19. PLACE OF BURIAL OR REMOVAL Oakridge DATE OF BURIAL 6-8, 1916

20. UNDERTAKER J. H. Hoekspeter ADDRESS 2410 North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.? Form H.D.V. 102A 34M 1-16 370