

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

42606 Registered No. (Consecutive No.)

1. PLACE OF DEATH City of <u>Saline</u> County of _____ (Show on line below the name of place where death occurred; give either City (or Village) or Township (or Road District), not both.) Township of _____ or _____ Street and Number, No. <u>111 West Logan</u>	Registration Dist. No. <u>808</u>
--	--------------------------------------

Primary Dist. No. 3608Ward _____ Hospital _____
(If death occurred in hospital or institution, give its name instead of street and number)2. FULL NAME Lena HarrisonResidence No. 111 West Logan (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and State)Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)16. DATE OF DEATH Nov 21
(Month) (Day) (Year)5a. If married, widowed or divorced Widowed
(or) WIFE of Henry L Harrison17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1927 to Nov 21 1927
that I last saw her alive on Nov 21 1927
and that death occurred, on the date stated above, at 3:30 P.M.6. DATE OF BIRTH June 20
(Month) (Day) (Year)THE CAUSE OF DEATH was as follows:
Tubal Abscess
Cause unknown7. AGE Years Months Days 34 2 1
IF LESS than 1 day—hrs. OR—min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (if employer)
(c) Name of employer _____Contributory (Secondary) Autolysis - rupture of tubers
(Duration) yrs. mos. ds.9. BIRTHPLACE (city or town) Mary City
(State or Country) Illinois

(Duration) yrs. mos. ds.

10. NAME OF FATHER Charles Kelly

18. WHERE WAS DISEASE CONTRACTED

11. BIRTHPLACE OF FATHER Wagon
(city or town) (State or Country)

If not at place of death?

12. MAIDEN NAME OF MOTHER KellerDid an operation precede death? no Date of _____13. BIRTHPLACE OF MOTHER Switzerland
(city or town) (State or Country)Was there an autopsy? no

What test confirmed diagnosis?

14. INFORMANT Lena Harrison(Signed) M. Kelly M. D.Address Chicago

Address _____

Filed Nov 23 1927 Blaine M. Day RegistrarDate Nov 22 1927 Telephone _____(P. O. Address) John Lee Ills.

*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act. (See reverse side.)

19. PLACE OF BURIAL OR REMOVAL Sunset Hill 21. DATE OF BURIAL Nov 25 192720. UNDERTAKER Bertie Bushkin ADDRESS _____

1127 S. 1st St. Chicago Ill.