PHYSICIAN'S CERTIFICATE OF DEATH.—Issued by State Board of Health. 10480

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; all deaths inside the city limits should be returned on these blanks to the

CITY BOARD OF HEALTH.

1. *Name* Julia Racz
2. *Sex* Female *Color*
3. *Age* 9 *years* — *months* — *days.*
4. *Occupation* — Daughter
5. *Date of death* March 4 12½ P.M.
6. **Single, ~~Married~~, Widower, Widow.*
7. *Nationality and place where born* — Germany born in Hungaria
8. *How long resident in this State* — Ten months
9. *†Place of death* Dunning Ave St. *Ward* 15
10. *‡Cause of death* Rheumatism — *Complications* Pericarditis — Duration of Complications.
11. *Duration of disease* One week
12. *Place of burial* — St. Boniface
13. *Name of Undertaker* — Jaeger Bros.
14. *Dated at* Chicago 1894. [illegible] *M.D.*
Residence [illegible] Irving Place

*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.

MAR 6 1894

The J. M. W. Jones Stationery and Printing Co., Chicago.

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