

CERTIFICATE OF DEATH—PHYSICIAN'S FORM  
UNDERTAKER'S

12903

958

REGISTERED NO. 3440

CERTIFICATE AND RECORD OF DEATH

DEPARTMENT OF HEALTH  
CITY OF CHICAGO

PERSONAL AND STATISTICAL PARTICULARS

1. FULL NAME Roscoe L. Barnes  
 2. (a) SEX M (b) COLOR W (c) SINGLE Single MARRIED WIDOWED DIVORCED  
 3. (a) BIRTHPLACE New Jersey (b) DATE OF BIRTH May 8<sup>th</sup> 1850  
 4. AGE 64 YEARS 8 MONTHS 28 DAYS \_\_\_\_\_ HOURS  
 5. DIED ON THE 5<sup>th</sup> DAY OF Feb 1915 AT ABOUT 6 a. M  
 6. LAST OCCUPATION (a) Bookkeeper (b) gas co  
 FROM THE YEAR (c) \_\_\_\_\_ TO THE YEAR \_\_\_\_\_  
 7. FORMER OCCUPATION (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 FROM THE YEAR (c) \_\_\_\_\_ TO THE YEAR \_\_\_\_\_

10. HOW LONG RESIDENT IN CITY 12 years  
 11. HOW LONG IN STATE 12 years  
 12. HOW LONG IN U. S. IF FOREIGN BORN \_\_\_\_\_  
 13. (a) NAME OF FATHER Joseph Barnes  
 (b) BIRTHPLACE OF FATHER W. J.  
 14. (a) MAIDEN NAME OF MOTHER Mary Keller  
 (b) BIRTHPLACE OF MOTHER W. J.  
 (STATE OR COUNTRY)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

8. (a) PLACE OF DEATH Wicklow Hotel (b) HOW LONG AT PLACE OF DEATH 7 years  
666 (STREET AND NO.) W. State St  
 9. (a) USUAL RESIDENCE \_\_\_\_\_ (b) WARD 21

INFORMANT J. H. Barnes  
 ADDRESS Rockford Ill

16. PLACE OF BURIAL Rockford Ill 17. UNDERTAKER W. C. Auster  
 DATE OF BURIAL February 16<sup>th</sup> 1915 ADDRESS 810 W. Clark St  
 HOUR 5 p. M. TELEPHONE Sup 56

LICENSE NO. 402

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

I Herby Certify THAT I ATTENDED DECEASED FROM Dec. 20 1914 TO Feb 5 1915 THAT I LAST SAW him  
 ALIVE ON THE 4<sup>th</sup> DAY OF February 1915 THAT he DIED ON THE DAY AND AT ABOUT THE HOUR STATED ABOVE.  
 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF his DEATH WAS AS HEREUNDER WRITTEN.  
 (IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) CAUSE OF DEATH <u>Rupture of abdominal aortic aneurysm</u>	DURATION* IN YEARS, MONTHS, DAYS OR HOURS <u>2-3 1/2</u>
(b) CONTRIBUTORY (SECONDARY) <u>aortic sclerosis</u>	*Of each Cause according to the Clinical History.

Witness my hand this 5<sup>th</sup> DAY OF January 1915 (SIGNATURE) Raymond J. Samson M. D.  
 ADDRESS 805 N. State St TELEPHONE Sup 1955

FILED

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