

PHYSICIAN'S CERTIFICATE OF DEATH.

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 of Illinois,

Cross County.

City

STATE BOARD OF HEALTH.

11457

1. Name *Michael J. Brunock* Sex *Male* Color *White*

2. Age *29* years *0* months *0* days. Occupation *Accountant*

3. Date of death *Oct 7th 1881* hour M., *~~Single~~, ~~Married~~, ~~Widower~~, ~~Widow~~.

4. Nationality and place where born *Massachusetts*

5. How long resident in this State

6. Place of death † *587 W Monroe St 12th Ward*

7. Cause of death † *Phthisis Pulmonalis* Complications

Duration of Complication.

8. Duration of disease *12 Months*

9. Place and date of burial *Koehler*

10. Name and place of Undertaker *Cal*

Dated at *Chicago* *Oct 7th* 1881 *G W Hempstead* M. D.

Residence *157 S Ashland Ave*

*Trace 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.