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DEPARTMENT OF HEALTH: CITY OF CHICAGO: BUREAU OF VITAL STATISTICS

Authorized by the State Board of Health,
 Sec. 4, 6, State Board of Health Act, 1877.

UNDERTAKER'S REPORT OF DEATH.

{ Revised Code: City of Chicago: 1897.
 Sec. 831-37; 861; 1088-82.

The Permit for Burial will be issued only on this form of Report correctly filled out. Refer to back of Report for Instructions.

1. Name of Deceased (in full) Harry Leslie Tucker 1656

2. Sex: Male Color: White

3. Place of Birth Portland Maine

4. Age: 40 years _____ months _____ days. 5. Lived in Illinois _____ years.

6. Died on the 10 day of Aug 1899, at about 10:30 A.M.

7. ~~Single, Married, Widowed.~~ Occupation: Theatrical Manager

8. Place of Death: 1445 Waukegan Ave Ward 20

9. Place of Burial: Rose Hill 10. Undertaker: A. H. [unclear] License No. _____

Date: Aug 11 1899 | Address: 235 [unclear] Ave } H

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

[See "Suggestions as to the Certificate of Cause of Death," on Back of Report.]

I hereby Certify, That, to the best of my knowledge and belief, the cause of the death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSE.			
	Years.	Months.	Days.	Hours.
Chief and Determining <u>Actinomycosis of Liver</u>	<u>7</u>	—	—	—
Contributing and Consecutive Cause or Causes _____				

Witness my hand, This 11 day of August 1899 } (Signature: W. A. Storel M. D.

Address: 485 Fullerton Ave

See "Instructions to Undertaker," on Back of Report.