

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

## BUREAU OF VITAL STATISTICS.

DEPARTMENT OF HEALTH: CITY OF CHICAGO.

9301

## UNDERTAKER'S REPORT OF DEATH.

1. Name of Deceased (in full) Joseph F. Cone

2. Sex: M Color: W 3. Place of Birth Ills. Father's Birthplace Mass. Mother's Birthplace Can.  
Of deceased (State or Country, if outside of Chicago).

4. Age: 61 years - months - days. 5. Lived in Illinois Life years, in Chicago 67 = -  
Years Months Days

6. Died on the 13 day of April 1909, at about 5:45 A. M. 118  
APR 13 1909 121

7. Single, Married, Widowed, Divorced. Occupation: Clerk at Gt. Northern

8. Place of Death: 191 Oakwood Blvd Ward 6

9. Place of Burial: Cleveland 10. Undertaker: H. D. Ludlow License No. 262

Date of Burial April 15, 1909 Address: 659 E. 47 St.

Hour 3 P. M.

## PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

(See "Suggestions as to the Certificate of Cause of Death," on back of Report.)

Tel. Oak 1274

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

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSES.			
	Years.	Months.	Days.	Hours.
Immediate and Determining <u>Apoplexy</u>		<u>2</u>		
Contributing Cause or Complication <u>Pneumonia</u>			<u>2</u>	

Witness my hand, This 13

April

1909

(Signature:)

R. C. Ridpath

M. D.

Address:

177 Oakwood Blvd.

Tel. 2379 20