

# PHYSICIAN'S CERTIFICATE OF DEATH.

6790

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 BOARD OF HEALTH.

State of Illinois,  
Cook County.

1. Name James Mallinac Sex male Color white

2. Age 30 years 6 months — days. Occupation Bar Keeper

3. Date of death Oct 28<sup>th</sup> hour 6, P M., \*Single, Married, Widow, Widow.

4. Nationality and place where born Ireland

5. How long resident in this State 18 years

6. Place of death 86 N. La Salle St - 18<sup>th</sup>

7. Cause of death Gastritis  
with a typhoid condition of system

Complications \_\_\_\_\_  
 \_\_\_\_\_  
 Duration of Complication \_\_\_\_\_

8. Duration of disease two week or more

9. Place and date of burial Cabing Oct 30<sup>th</sup>

10. Name and place of Undertaker Bergmeister Lawrence

Dated at Chicago Oct 27<sup>th</sup> 1879 P. W. Woodworth M. D.  
 Residence 129 E. Huron St

\*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.