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STATE OF ILLINOIS
Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

HEALTH DEPARTMENT'S RECORD
CITY OF CHICAGO

1. PLACE OF DEATH

Registration Dist. No. 3104
Primary Dist. No.

Registered No. 20327
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

County of COOK

City of CHICAGO No. 742 Burnside Av. St.; 25 Ward

2. FULL NAME James A. Hart

(a) Residence. No. 742 Burnside Av. St. Ward 2
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Eva Hart

6. DATE OF BIRTH: July (Month) 10 (Day), 1855 (Year)

7. AGE: Years 64 | Months | Days 8 | If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town): Vaerview Pa.
(State or Country): Pa.

PARENTS

10. NAME OF FATHER: Liffert Hart
11. BIRTHPLACE OF FATHER (City or Town): Hoseford
(State or Country): Conn
12. MAIDEN NAME OF MOTHER: Eliza Lunspey.
13. BIRTHPLACE OF MOTHER (City or Town): Fannum.
(State or Country): Pa.

14. INFORMANT: Geo B. Hart
Address: 742 Burnside Av.

15. Filed July 19 8:15 p.m. 19 M.O. Hubbard Registrar

MEDICAL CERTIFICATE OF DEATH 79

16. DATE OF DEATH: July (Month) 18 (Day), 1919 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1919, to July 18, 1919, that I last saw him alive on July 17, 1919 and that death occurred, on the date stated above, at 5:20 a.m. The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. 7 mos. ds.

Contributory (Secondary): Cardiac failure

(Duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Findings
(Signed) William Hollobson M.D.
Address 1232 Chase Av.
Date July 18, 1919 Telephone RP. 3268

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL OR REMOVAL: Graceland
21. DATE OF BURIAL: July 21, 1919
20. UNDERTAKER: J. K. Platum
ADDRESS: 1764 Ayer Av.

Has decedent ever served in military or naval service of U. S.?

Form H. D. V. 102B 20M 4-19