

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

BUREAU OF VITAL STATISTICS.

22373

DEPARTMENT OF HEALTH: CITY OF CHICAGO.

4119

UNDERTAKER'S REPORT OF DEATH.

24 ✓

1. Name of Deceased (in full) Charles W. Ingraham

2. Sex: m Color: w 3. Place of Birth Ohio Father's Birthplace same Mother's Birthplace same
Of deceased (State or Country, if outside of Chicago).

4. Age: 45 years 6 months 12 days. 5. Lived in Illinois 12 years, in Chicago

Years	Months	Days
12		

6. Died on the 18th day of Feb 1906, at about 3 a. M.

7. Single (Married) Widowed, Divorced. Occupation: Stage Carpenter

8. Place of Death: 164 S. Leavitt St

9. Place of Burial: Rosehill 10. Undertaker: E. L. DUNSTAN. License No. 297
Date of Burial Feb 21 1906 Address: 796 W. Madison St
Hour 10 A M. Tel. 632 West

See Instructions No. 8—to the Undertaker—on back of Report.

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 death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH. Immediate and Determining <u>Pneumonia</u>	DURATION OF CAUSE OR CAUSES.			
	Years.	Months.	Days.	Hours.
Contributing Cause or Complication	93			

Witness my hand, This 18th

day of Feb 1906

(Signature:)

Address:

J. J. Herrie M. D.
203 S. Halsted St. Tel. North 2283

STATE BOARD OF HEALTH

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