

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

## UNDERTAKER'S REPORT OF DEATH.

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

1. Name of Deceased (in full) Wm B. Phillips 1900  
10217

2. Sex: M Color: W 3. Place of Birth: St Johns New Brunswick  
(State, or Country, if outside of Chicago.)

4. Age: 43 years \_\_\_\_\_ months \_\_\_\_\_ days. 5. Lived in Illinois 42 years.

6. Died on the 7 day of Oct 1900, at about 8<sup>20</sup> A.M.

7. Single, Married, Widowed. Occupation: \_\_\_\_\_

8. Place of Death: 693 Orchard St Ward 2<sup>5</sup>  
See Instructions No. 8—to the Undertaker—on back of Report.

9. Place of Burial: Graceland 10. Undertaker: Thos. Vaughan License No. \_\_\_\_\_

Date: Oct 9 1900 Address: 426 Wells St 267

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

Tel. No. 521

[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. Chief and Determining	DURATION OF CAUSE OR CAUSES.			
	Years	Months	Days	Hours
<u>Locomotor Ataxia</u>	<u>3</u>			
Contributing and Consecutive Cause or Causes				

Witness my hand, This \_\_\_\_\_ day of \_\_\_\_\_ 1900 } (Signature: ) Thos Vaughan M. D.  
 Address: 214 Washington St Tel. No. 875  
Ver Vaughan 34 Belden av Office 3 Washington St at 6:10

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