

CERTIFICATE OF DEATH—PHYSICIAN'S FORM UNDERTAKER'S CERTIFICATE AND RECORD OF DEATH

27107

REGISTERED NO.

DEPARTMENT OF HEALTH
CITY OF CHICAGO

PERSONAL AND STATISTICAL PARTICULARS

1 FULL NAME John S. Skopce

2 (a) SEX M (b) COLOR W (c) SINGLE MARRIED WIDOWED DIVORCED Married (WRITE IN)

3 (a) BIRTHPLACE Illinois (STATE OR TERRITORY) (b) DATE OF BIRTH May 8th 1880

4 AGE 32 YEARS 5 MONTHS 12 DAYS _____ HOURS

5 DIED ON THE 20 DAY OF Oct 1912 AT ABOUT 12 P. M.

6 LAST OCCUPATION (a) Laborer (b) _____ (INDUSTRY OR BUSINESS)

7 FORMER OCCUPATION (a) _____ (b) _____

10. HOW LONG RESIDENT IN CITY Always

11. HOW LONG IN STATE "

12. HOW LONG IN U. S. IF FOREIGN BORN _____

13. (a) NAME OF FATHER Vido Skopce
(b) BIRTHPLACE OF FATHER Austria

14. (a) MAIDEN NAME OF MOTHER Mary Wilk
(b) BIRTHPLACE OF MOTHER Austria

The foregoing stated personal particulars are true to the best of my knowledge.

REGISTER

8. (a) PLACE OF DEATH 2071 N. Western Ave (b) HOW LONG AT PLACE OF DEATH 2 years

9. (a) USUAL RESIDENCE 2071 N. Western Ave (b) WARD 28-14

16. DATE OF BURIAL Oct 22 - 1912 ADDRESS 1625 Wells St

HOUR 2 P. M. TELEPHONE 239

INFORMANT Frank Skopce
ADDRESS 2227 Humboldt Ave
LICENSE NO. 58

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

I hereby certify that I attended deceased from Aug 10th 1912 to Oct 18th 1912 that I last saw him alive on the 18th day of October 1912 that he died on the day and at about the hour stated above and that to the best of my knowledge and belief the cause of his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) CAUSE OF DEATH <u>Phthisis Pulmonosis</u>	PERIOD OF DURATION IN YEARS, MONTHS, DAYS OR HOURS
(b) CONTRIBUTORY (SECONDARY) <u>Exhaustion in Arteries</u>	Of each Cause according to the Clinical History.

Witness my hand this 21st day of October 1912.

(Signature) Henry Richard
Address Republic Bldg Telephone Marion

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