

# PHYSICIAN'S CERTIFICATE OF DEATH.

Order Form No. 10, Revisions, Chicago.

State of Illinois,

Kendall County.

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

Name *Thomas Burke* Sex *Male* Color *White*

Age *12* years *10* months *12* days. Occupation \_\_\_\_\_

Date of death *March 22*, hour *3 A. M.*, *Single, Married, Widower, Widow.*

Nationality and place where born *American, Millbrook, Ill.*

How long resident in this State \_\_\_\_\_

Place of death *Millbrook, Town of Troy, Kendall Co. Ill.*

Cause of death *Acute Phthisis Pulmonalis* Complications \_\_\_\_\_

*Caused by out of door exposure when*

*convalescing from the effects of diphtheria.*

Duration of disease *three weeks* Duration of Convalescence \_\_\_\_\_

Place and date of burial *Newark & Millington Cemetery, March 23<sup>d</sup> 1880,*

Name and place of Undertaker *William W. Whitburn, Newark Ill.*

at *Yorkville, April 12<sup>th</sup> 1880* *W. T. Sherman* M. D.

Residence *Yorkville, Ill.*

City—No., Street and Ward; same in towns that have them, township or precinct.

State primary and immediate cause of death, and examining the list of diseases published on reverse of this booklet and law pertaining to Coroner's Inquests.

Old Family History