

1. PLACE OF DEATH

County COOK

Township or Road Dist. } or 438

Incorp. Town or Village } or

City HARVEY

Registration Dist. No.	<u>3108</u>
Primary Dist. No.	<u>7</u>

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

COUNTY CLERK'S RECORD

STANDARD CERTIFICATE OF DEATH

Registered No. 49

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Elmer Mc Carthy

(a) Residence No. 15920 Park Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Dec 27, 1918
(Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day, hrs. OR min.?
24

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Electric crane-man
(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9. BIRTHPLACE (city or town) Kentucky
(State or Country)

10. NAME OF FATHER Lee Mc Carthy

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Arnazenda Mc Carthy

13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or Country)

14. INFORMANT Marry Mc Carthy
Address 15920 Park Ave

15. Filed Oct 11-1918 by J.A. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 10, 1918
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1918, to Oct 10, 1918, that I last saw him alive on Oct 10, 1918.

and that death occurred, on the date stated above, at 11:25 a.m.
The CAUSE OF DEATH* was as follows

Grip
(Duration) yrs. 1/2 mos. da.
Contributory (Secondary) Meningitis
(Duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
if not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) B T Stevenson M. D.
Address Harvey Ill
Date Oct 11-1918 Telephone 2197

*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 Salt Lick 21. DATE OF BURIAL Oct 14, 1918

20. UNDERTAKER H. E. Kerr ADDRESS Harvey Ill

CAUSE OF DEATH in plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important. Has decedent ever served in military or naval service of U. S.?