

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Local Registrars must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Omissions or abbreviations must not be made.

Local Registrars must not issue this form to Undertakers, Physicians or others, but must use it only for preparing County Clerk's (or Local Registrar's) Copies.

(42084—50M—11-25)

Has decedent ever served in military or naval service of U. S.? Yes

V. S. 5

I PLACE OF DEATH		Registration	
County of <u>Waukegan</u>		Dist. No. <u>460</u>	
<u>Salina</u>		*Township *Road Dist. *Village *City	
*(Cancel the three terms not applicable —Do not enter "R. R.," "R. F. D.," or other P. O. address). Street and Number, No. .... St. .... Ward, ..... Hospital.		Primary Dist. No. <u>6898</u>	
STATE OF ILLINOIS Department of Public Health—Division of Vital Statistics COUNTY CLERK'S RECORD STANDARD CERTIFICATE OF DEATH Registered No. <u>1</u> (Consecutive No.) <u>14552</u>			
2 FULL NAME <u>Mary Soucie</u>			
(a) Residence No. .... St. .... Ward, ..... Hospital.			
(Usual place of abode) (If non-resident give city or town and State)			
Length of residence in city or town where death occurred <u>50</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)	16 DATE OF DEATH
<u>Female</u>	<u>white</u>	<u>Widow</u>	<u>July 21</u> , 19 <u>32</u> (Month) (Day) (Year)
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Frank Soucie</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 22</u> , 19 <u>30</u> , to <u>July 21</u> , 19 <u>32</u> , that I last saw her alive on <u>July 22</u> , 19 <u>32</u> , and that death occurred, on the date stated above, at <u>12:15 P.</u> The CAUSE OF DEATH* was as follows:
6 DATE OF BIRTH	7 AGE Years Months Days if LESS than 1 day..... hrs. OR..... min.?		<u>Hypostatic Pneumonia</u>
<u>Sept. 17</u> , 18 <u>53</u> (Month) (Day) (Year)	<u>78</u>	<u>10</u> <u>4</u>	(Duration) ..... yrs. .... mos. .... ds.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired</u>			CONTRIBUTORY (Secondary) <u>Chronic Sclerosis with malnutrition + Arterio Sclerosis</u>
(b) General nature of industry, business, or establishment in which employed (or employer) .....			(Duration) ..... yrs. .... mos. .... ds.
(c) Name of employer .....			18 Where was disease contracted, if not at place of death? {
9 BIRTHPLACE (city or town) <u>Bress Lorraine</u>	Was an operation performed? <u>no</u> Date of .....		
(State or Country) <u>France</u>	For what disease or injury? .....		
10 NAME OF FATHER <u>Jacob Remhart</u>	Was there an autopsy? <u>no</u>		
11 BIRTHPLACE OF FATHER (city or town) .....	What test confirmed diagnosis? .....		
(State or Country) <u>France</u>	(Signed) <u>Chas Schindler</u> M. D.		
12 MAIDEN NAME OF MOTHER <u>Mary Cantwell</u>	Address <u>Bonfield Ill</u>		
13 BIRTHPLACE OF MOTHER (city or town) .....	Date <u>July 22</u> , 19 <u>32</u> Telephone <u>Bell Co. 6806</u>		
(State or Country) <u>France</u>	*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.		
14 INFORMANT <u>Mrs. C. C. Kuehnel</u>	19 PLACE OF BURIAL OR REMOVAL <u>Bonfield, Salina</u>	21 DATE OF BURIAL <u>July 24</u> , 19 <u>32</u>	
(personal signature with pen and ink)	20 UNDERTAKER <u>B. F. Herby</u>	ADDRESS <u>Salina</u>	
P. O. Address <u>Waukegan Ill</u>	(personal signature with pen and ink)	ADDRESS <u>Salina Ill</u>	
15 Filed <u>July 23</u> , 19 <u>32</u> <u>Leslie H. Yates</u> Registrar.	(firm name, if any)		
P. O. Address <u>Bonfield Ill</u>			