MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.?

V. S. No. 5
200M—10-5-15
2 P888

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

COUNTY CLERK'S RECORD

1729

Registered No. Five

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

1. PLACE OF DEATH

County La Salle

Township or Road Dist. Ophir

or Incorp. Town or Village

or City ..... No. ..... St.; ..... Ward

Registration Dist. No. Ophir

Primary Dist. No. .....

2. FULL NAME Luella Fitzgerald

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6. DATE OF BIRTH May (Month) 10 (Day), 1902 (Year)

7. AGE 15 yrs. 2 mos. 10 ds.

If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country) Waltham

PARENTS

10. NAME OF FATHER John J. Fitzgerald

11. BIRTHPLACE OF FATHER (State or country) Ophir

12. MAIDEN NAME OF MOTHER Elizabeth Horan

13. BIRTHPLACE OF MOTHER (State or country) Limerick

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Fitzgerald

(Address) Troy Grove

15. Filed July 21, 1917 Sd M Dist. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1917 to July 20, 1917, that I last saw her alive on July 20, 1917, and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Mayor, M. D.

(Address) Troy Grove Ill

Date ....., 191.... Telephone .....

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL St. Marys Cem Utica

DATE OF BURIAL July 22, 1917

20. UNDERTAKER F. P. Coleman

ADDRESS Utica

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so 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.?

V. S. No. 5
200M—10-5-15
2 P888

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

COUNTY CLERK'S RECORD

1729

Registered No. Five

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

1. PLACE OF DEATH

County La Salle

Township or Road Dist. Ophir

or Incorp. Town or Village

or City ..... No. ..... St.; ..... Ward

Registration Dist. No. Ophir

Primary Dist. No. .....

2. FULL NAME Luella Fitzgerald

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6. DATE OF BIRTH May (Month) 10 (Day), 1902 (Year)

7. AGE 15 yrs. 2 mos. 10 ds.

If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country) Waltham

PARENTS

10. NAME OF FATHER John J. Fitzgerald

11. BIRTHPLACE OF FATHER (State or country) Ophir

12. MAIDEN NAME OF MOTHER Elizabeth Horan

13. BIRTHPLACE OF MOTHER (State or country) Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Fitzgerald

(Address) Troy Grove

15. Filed July 21, 1917 Sd MPD Int. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1917 to July 20, 1917, that I last saw her alive on July 20, 1917, and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Mayor, M. D.

(Address) Troy Grove Ill

Date ....., 191.... Telephone .....

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL St. Marys Cem Utica

DATE OF BURIAL July 22, 1917

20. UNDERTAKER F. P. Coleman

ADDRESS Utica

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL