V. S. 4

1940 REVISION

(A41052—10M Bks. 2-41)

FILL IN THIS FORM (except signature) WITH TYPEWRITER OR LEGIBLE PRINTING

28

Registration Dist. No. 3104

3104

STATE OF ILLINOIS — DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

ORIGINAL

CERTIFICATE OF DEATH

Registered No. 5776 (Consecutive No.)

1. PLACE OF DEATH

County of Cook

Chicago (Village, Township, City, Road Dist., Primary Dist. No.)

*(Cancel the three terms not applicable—Do not enter "R.F.D." or "R. D." or other P. O. address)

Street and Number, No. 2322 Mapole St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Hospital

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? 2 yrs. mos. da.

901

2. PLACE OF RESIDENCE: STATE Illinois County Cook Township Road Dist.

(Usual place of abode) City or Village Chicago Street and Number 2322 Mapole St. Ward No. Length of Residence

3 (a) PRINT FULL NAME BURL SINGLETON 83A

3 (b) If veteran, name war no

3 (c) Social Security No. 336-05-7067

4. Sex M

5. Color or race Negro

6 (a) Single, widowed, married, divorced Married

6 (b) Name of husband or wife Esther

6 (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 53 Months Days If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Miss (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Tannery

FATHER 12. Name Unknown

12. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. INFORMANT Estthy Singleton (personal signature with pen and ink)

P. O. Address 2322 Maypole Ave

17. PLACE OF BURIAL Cremation or Removal (a) Cemetery Burr Oak (b) DATE Jan 28, 1943

Location Worth (Township, Road Dist., Village or City)

County Cook State Illinois

18. Funeral director [illegible] Address 4445 S. Parkway

(firm name, if any)

MEDICAL CERTIFICATE OF DEATH

19. Date of death: Month Jan 25 day

year 1943 hour 6 minute 30 A M

21. I hereby certify that I attended the deceased from Jan 7, 1943, to Jan 25, 1943, that I last saw him alive on Jan 24, 1943, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage 1 week

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Hypertension

22. Was an operation performed? No Date of

For what disease or injury?

Was there an autopsy?

Findings?

23. If a communicable disease: where contracted? no

Was disease in any way related to occupation of deceased? no

If so, state how:

24. (Signed) H H Campbell M. D.

Address 2200 E. 72nd St. Date Jan 25, 1943

*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.

25. Filed Jan 27, 1943

P. O. Address

FILE JAN 27 PM 5 50