STATE OF ILLINOIS **ORIGINAL**

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Registered No. 27588. (Consecutive No.)

1 PLACE OF DEATH

County of Cook

Registration Dist. No. 3101

Chicago *Township *Road Dist. *Village *City

Primary Dist. No. 3101

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

Street and Number, No. Harrison & Wood St.; 4 Ward, Cook Co Hospital. (If death occurred in hospital or institution, give its name instead of street and number)

2 FULL NAME Fannie Goodrich

(a) Residence No. 5830 Indiana Av 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 7 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 Female · 4 COLOR OR RACE Colored · 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widow	16 DATE OF DEATH 10 (Month) 24 (Day), 1925 (Year)
5a If married, widowed or divorced HUSBAND of (or) WIFE of Bud Goodrich	17 I HEREBY CERTIFY, That I attended deceased from 10 · 6, 1925, to 10 · 24, 1925, that I last saw h er alive on 10 · 24, 1925, and that death occurred, on the date stated above, at 3:45 P m. The CAUSE OF DEATH* was as follows:
6 DATE OF BIRTH Aug (Month) 26 (Day), 1876 (Year)	Pulmonary Tuberculosis
7 AGE Years 49 Months 2 Days 29 · If LESS than 1 day ___ hrs. OR ___ min.?	(Duration) 1 yrs. ___ mos. ___ ds.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife	CONTRIBUTORY (Secondary) ___ (Duration) ___ yrs. ___ mos. ___ ds.
(b) General nature of industry, business, or establishment in which employed (or employer) Home	
(c) Name of employer none	18 Where was disease contracted, if not at place of death? unknown
9 BIRTHPLACE (city or town) Lake Providence (State or Country) La.	Was an operation performed? no Date of
PARENTS 10 NAME OF FATHER Andrew Allas	For what disease or injury?
11 BIRTHPLACE OF FATHER (city or town) Lake Providence (State or Country) La.	Was there an autopsy? no
12 MAIDEN NAME OF MOTHER Nancy Richardson	What test confirmed diagnosis? Clinical
13 BIRTHPLACE OF MOTHER (city or town) Lake Providence (State or Country) La	(Signed) L. J. Halpern M. D. Address Cook County Hosp Date 10 · 24, 1925 Telephone West 4960
14 INFORMANT Alice ? Rhoads (personal signature with pen and ink) P. O. Address W J Madison	*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.
	19 PLACE OF BURIAL OR REMOVAL Lincoln Cemetery · 21 DATE OF BURIAL Oct 26, 1925
15 Filed ___ M. O. Heck 48 Registrar. P. O. Address ___ Ill.	20 UNDERTAKER E. H. Williamson (personal signature with pen and ink) (firm name, if any) · ADDRESS 5121 State St

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

(37998—6M Bks.—8-25)

... of occupation is very important. ... in plain terms, so that it may be properly classified. Exact statement

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worded on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal Mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the ...

respect to age and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 *ds.*; *Bronchopneumonia (secondary)*, 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death ...