

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

ORIGIN
STANDARD CERTIFICATE OF DEATH

Registered No. **7922** (Consecutive No.)

Ward **7th** **Ed. Winard** Hospital

(If death occurred in hospital or institution give its name instead of street and number)

2 FULL NAME **M. Jessie Atlas**

(a) Residence No. **720 S. 48 Street** St. **101st** Ward **101st** (If non-resident give city or town and State)

Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX **Male** COLOR OR RACE **Black** 2 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

3a If married, widowed or divorced HUSBAND of (or) WIFE of _____

4 DATE OF BIRTH **March 12, 1902** (Month) (Day) (Year)

5 AGE Years Months Days If LESS than 1 day hrs. OR min.

25 - - 5 -

6 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Stick maker,**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer **Edwin Seligson**

7 BIRTHPLACE (city or town) **Hate Providence** (State or Country) **Roumania**

8 NAME OF FATHER **Henry Atlas**

9 BIRTHPLACE OF FATHER **Hate Providence** (city or town) (State or Country) **Roumania**

10 MAIDEN NAME OF MOTHER **Edina**

11 BIRTHPLACE OF MOTHER **Lucin** (city or town) (State or Country) **Roumania**

12 INFORMANT **Josephine Rivers Bullock** (personal signature with pen and ink)

P. O. Address **710 S. 48 Street** **Moxford**

13 Filed **19 18** Registrar.

14 PLACE OF DEATH Registration 3004 Dist. No. County of **Cook** City **Chicago**

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. **710 S. 48 Street** St. **101st** Ward **Ed. Winard**

16 DATE OF DEATH **March 16th, 1922** (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **March 13, 1922** to **March 16, 1922**, that I last saw deceased on **March 16, 1922**, and that death occurred on the date stated above, at **11:30 P. M.** The CAUSE OF DEATH* was as follows: **Lobar Pneumonia**

18 Where was disease contracted, if not at place of death? **Unknown**

CONTRIBUTORY (Secondary) _____ (Duration) yrs. mos. ds.

(Duration) yrs. mos. ds.

19 Was an operation performed? **No** Date of _____

For what disease or injury? _____

Was there an autopsy? **No**

What test confirmed diagnosis? **Microscopic**

(Signed) **Edwin Seligson M. D.**

Address **1201 S. 48th Street**

Date **March 17, 1922** Telephone **4048**

*N. B.—State the disease causing death. All cases of "Violence, casualty, or any undue means" must be referred to the coroner. See Section 16, Coroner's Act.

20 PLACE OF BURIAL OR REMOVAL **Memphis Tenn** DATE OF BURIAL **March 19, 1922**

21 ADDRESS **3834 Indiana**

(personal signature with pen and ink)

(See same, if any)

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. Inexperto use of age. For many occupations a single word or term on the first line will be sufficient. **Farmer, or Planter, Physician, Composer, Architect, Locomotive engineer, Old man, Sissonary person, etc.** But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work done, and (b) the additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Signer, (b) Cotton mill, (c) Stationer, (d) Grocery, (e) Foreman, (f) Automobile factory.** The material worked on may form part of the second statement. Never return "laborer" or "foreman" as the first statement. Never return "laborer" or "foreman" as the second statement. **Pawn laborer, Foreman, mechanic, as Diesel engine, Farm laborer, Laborer—Good 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 actually employed, as **at school, or At home, or Child, or Invalid.** The occupation of persons who would be engaged in domestic service or agriculture, but who are engaged in domestic service for wages, as **servant, Cook, Housemaid, etc.** If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, what fact may be indicated there? **Partner retired, etc.** For persons of unusual occupations, state the occupation. Statement of cause of death.—Never start, the

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. Inexperto use of age. For many occupations a single word or term on the first line will be sufficient. **Farmer, or Planter, Physician, Composer, Architect, Locomotive engineer, Old man, Sissonary person, etc.** But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work done, and (b) the additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Signer, (b) Cotton mill, (c) Stationer, (d) Grocery, (e) Foreman, (f) Automobile factory.** The material worked on may form part of the second statement. Never return "laborer" or "foreman" as the first statement. Never return "laborer" or "foreman" as the second statement. **Pawn laborer, Foreman, mechanic, as Diesel engine, Farm laborer, Laborer—Good 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 actually employed, as **at school, or At home, or Child, or Invalid.** The occupation of persons who would be engaged in domestic service or agriculture, but who are engaged in domestic service for wages, as **servant, Cook, Housemaid, etc.** If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, what fact may be indicated there? **Partner retired, etc.** For persons of unusual occupations, state the occupation. Statement of cause of death.—Never start, the

respect to time and situation), using always the same accepted term for the same disease. Examples: **Overworked feet** (the only definite symptom in Rigidity (convulsions, meningitis), Dysphasia (stammering, difficulty of articulation), etc.); **"Tribal disease" (anthrax); Labor poisoning; Bromide poisoning ("Paralytic" undulant); Ischaemic; Tuberculous of lungs, meningitis, peritonitis, etc.; Cancer, gonorrhea, etc. of (name or organ); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms; **Mastitis; Hernia of stomach; Abscess of testis; Oophoritis; Hemorrhoids; Orthritis** (when the contributor of opportunity or current) abortion food; not be stated unless important. Example: **Keelitis** (disease causing death; 29 44; **Bronchopneumonia** (secondary); 10 ds. Never report more symptoms or terminal conditions, such as **Asphyxia, Asamaia** (nearly synonymous with "Asphyxia congestiva"; **Stenosis** ("constriction"; "Hilly" "congestive"; "Sedilla" etc.); "Dropsy"; "Ascites"; "Heart failure"; "Famorrhage"; "Nasal-bleed"; "Ataxiasms"; "Old age"; "Shock"; "Urticaria"; "Wabness," etc. when a definite all disease resulting from childbirth or miscarriage; **Diabetes mellitus** (when the contributor of opportunity or current) for which artificial operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) All deaths from "Violence, casualty, or any undue means" must be reported to the coroner. STATEMENT OF CAUSE OF DEATH IN SUCH CASES DOES NOT COMPLY WITH THE REGISTRATION**

REGISTRATION

V. S. 4 **3004** (Demand card copy to)

10098—AM (Rev. 3-22)