

V. S. 4

1942 REVISION

(24685-10M Bks.  
5-42)FILL IN THIS FORM (except signature)  
WITH TYPEWRITER OR LEGIBLE PRINTING

PLACE OF DEATH.

County of COOK Registration  
City of CHICAGO "Road-Block-Dist. No." 3104  
Dist. No. 3104Village "Township" Primary  
"City" "Road-Block-Dist. No."  
(Cancel the three terms not applicable. Do not enter "R. R.," "R. F. D.," or other P. O. address)  
Street and Number, No. 1152 No WELLS St. Ward

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

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs 11 mos.  ds.2. PLACE OF RESIDENCE: STATE Illinois County Cook Township Chicago(Usual place of abode—Do not enter "R. R.," "R. F. D.," or other P. O. address) Street and Number 1152 No WELLS Road Dist.3 (a) PRINT FULL NAME LANA CARROLL MYLES 19. LIST NO. 13B

3 (b) If veteran,

name was NO

3 (c) Social Security

No. NONE4. SEX FEMALE race B.

5. Color or

6 (a) Single, widowed, married,  
SINGLE

6 (b) Name of husband or wife

6 (c) Age of husband or wife if

alive

7. Birth date of deceased JUNE 15 1944  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
1 10 20 hr. min.9. Birthplace BASTROP LA  
(City, town, or county) (State or foreign country)10. Usual occupation (CHILD)

11. Industry or business

12. Name MATHEA MYLES13. Birthplace HARNESS LA  
(City, town, or county) (State or foreign country)14. Maiden name MARY ROSBY15. Birthplace CHICAGO LA  
(City, town, or county) (State or foreign country)16. INFORMANT Mathea Myles  
(personal signature with pen and ink)P. O. Address 1152 No Wells17. PLACE OF BURIAL  
Companion or attendant (b) DATE 5/7/46(a) Cemetery StouardLocation Stouard  
(Township, Road Dist., Village or City)18. Funeral Home StouardAddress 422 W. Wells(personal signature with pen and ink) License No. 732V

(first name, if any)

STATE OF ILLINOIS ORIGINAL  
DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICSCERTIFICATE OF DEATH  
Registered No. 14073  
(Consecutive No.)

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month May day 5  
year 1946 hour 3 minute 20 PM.21. I hereby certify that I attended the deceased from May 5, 1946  
5 10 P.M. to May 5, 1946  
that I last saw her alive on May 5  
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis FA 2 or advanced Duration 3 mo.

Due to

Due to

Other conditions Meningitis Tuberculosis 10 days  
(Include pregnancy within 3 months of death)22. { Was an operation performed? no Date of -{ For what disease or injury? -Was there an autopsy? noFindings? -23. If a communicable disease; where contracted? unknownWas disease in any way related to occupation of deceased? no

If so, specify type

(Signed) Henry J. Biglinski M. D.Address 1000 W. Western AveDate May 5 1946 Telephone Everglade 1256

\*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.

24. Filed Stouard RegistrarP. O. Address 1946 MAY 7 PM 7 41

REMAIN HERE FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IF A CHILD IS DEAD AT BIRTH THIS FORM MUST NOT BE FILLED. THIS FORM IS TO BE FILLED BY A PHYSICIAN OR A NURSE. IF THE CALLER FEELS THAT THE DEATH IS SUICIDE, A SINGLE COPY OF THIS FORM SHOULD BE SUBMITTED TO THE LOCAL HEALTH DEPARTMENT. EXACT STATEMENT OF DEATH IN FULL TERMS, OR THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION OR BUSINESS OF DECEASED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

13B  
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