

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

BUREAU OF VITAL STATISTICS.

18329

H. D. 183-10M-11-1905.

DEPARTMENT OF HEALTH: CITY OF CHICAGO.

UNDERTAKER'S REPORT OF DEATH.

2942
3506

See "Instructions to Undertaker," on Back of Report.

0576

1. Name of Deceased (in full) Annie Carmela Del Principe

2. Sex: Female Color: White 3. Place of Birth Chicago Father's Birthplace Brescia Italy Mother's Birthplace Brescia Italy
Of deceased (State or Country, if outside of Chicago).

4. Age: 21 years 6 months 19 days. 5. Lived in Illinois 1/2 years, in Chicago

Years	Months	Days
1/2	6	19

6. Died on the fourth day of February 1907, at about 10 a.m.

7. Single, Married, Widowed, Divorced. Occupation: _____

8. Place of Death: 289 S. Jefferson St Chicago Ill. Ward 19
See Instructions No. 1--to the Undertaker--on back of Report.

9. Place of Burial: Calvary 10. Undertaker: James P. Marsano License No. 344
Date of Burial Feb 5 1907. Address: 160 W. Park St
Hour _____ M. Tel. 1534 Union

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

[See "Suggestions as to the Certificate of Cause of Death," on back of Report.]

I hereby Certify, That, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE OR CAUSES.			
	Years.	Months.	Days.	Hours.
Immediate and Determining <u>Subar Pneumonia</u>			<u>5</u>	
Contributing Cause or Complication <u>93</u>				

Witness my hand, This 4 day of Feb 1907 } (Signature: J. H. Traver M. D.
Address: 277 S. Dearborn St Tel. du 387