

If a child is dead at birth this form must not be used—use original blue Stillbirth Form V. S. No. 7.
 If the child lived any time after birth, even a single minute, it is not a Stillbirth and this original white form V. S. No. 4 must be used.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 (32528-3M Bks.-2-12-23)

1. PLACE OF DEATH
 County of Cook Registration Dist. No. 1901
 (Show on line below the name of place where death occurred; give either City (or Village) or Township (or Road District), not both.)
 Township, or Road District, or Village, or City, of Chicago Primary Dist. No. 7101
 Street and Number, No. 7216 So. Sangamon St.; Ward, 19
 (If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME: Marie Voltmerr
 Residence No. 7216 So. Sangamon St.; Ward, 19
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
 4. COLOR OR RACE: White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married (Write the word)

5a. If married, widowed or divorced HUSBAND of Henry Voltmerr (or) WIFE of

6. DATE OF BIRTH: June 10, 1887
 (Month) (Day) (Year)

7. AGE: Years 72, Months 6, Days 22
 If LESS than 1 day, hrs. OR min.?

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work: Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer): At home
 (c) Name of employer:

9. BIRTHPLACE (city or town): Not known
 (State or Country): Netherlands

PARENTS

10. NAME OF FATHER: Not known
 11. BIRTHPLACE OF FATHER (city or town): Not known
 (State or Country): Netherlands
 12. MAIDEN NAME OF MOTHER: Not known
 13. BIRTHPLACE OF MOTHER (city or town): Not known
 (State or Country): Netherlands

14. INFORMANT: Joe Voltmerr
 Address: 17324 Marchfield Ave

15. Filed 26 Feb 24 1924 Registrar: J. Albert

STATE OF ILLINOIS ORIGINAL
 Department of Public Health—Division of Vital Statistics
 STANDARD CERTIFICATE OF DEATH
 Registered No. 209 (Consecutive No.)

16. DATE OF DEATH: January 2nd, 1924
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 23, to Jan 2, 24, that I last saw her alive on Jan 2, 24, and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:
 Acute Myocarditis
 (Duration) yrs. mos. ds. 1
 Contributory (Secondary): Gaelstone Colic (Duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED
 If not at place of death? No
 Did an operation precede death? No Date of.....
 Was there an autopsy? No
 What test confirmed diagnosis? Hys. Sig
 (Signed) H. P. von Klee M. D.
 Address: 7159 Halsted St
 Date: 7-13-24 Telephone: 2650723

*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. (See reverse side.)

19. PLACE OF BURIAL OR REMOVAL: Evergreen
 (If date of burial) Jan 5th 1924
 20. UNDERTAKER: J. Albert
 ADDRESS: 844 N. 63rd St.

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