

STANLEY T. KUSPER, JR.
COUNTY CLERK
 BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
 CHICAGO, ILLINOIS 60606

AUTHORIZED BY THE STATE BOARD OF HEALTH.

Dec. 4, 0, STATE BOARD OF HEALTH ACT, 1877. SEC. 2050, 2060, 2061, 4880. REVISED ARRANGES, CITY OF CHICAGO

REPORT OF DEATH. MAR 28 1896

DEPARTMENT OF HEALTH: CITY OF CHICAGO } BUREAU OF VITAL STATISTICS—DEATHS.

WM. R. KERR, Commissioner of Health

1. Full Name of Deceased: *Annie Hambry*
 2. Sex: *Female* Race: *white* Age: *58* years, *5* months, *8* days.
 3. Occupation: *Housewife* 4. Social Status: *Married* 5. Born in *Germany*
 6. Had lived in Chicago, *5* years, *4* months, *2* weeks; in *Illinois*, *same* years.
 7. Date of Death: Month *March* day *24* hour *2:45* P. M.
 8. Place of Death: No. *430* *Blackland* Ave Ward *31*
 9. Hospital Patient:
 10. Address: *Richmond* 11. Undertaker: *C. L. Bentley & Son*
 Address: *Lincoln Ave*
 Date: *Chicago, MAR 24 1896* 120 OVER. License No. *17 95*

(The foregoing is to be filled in by the Undertaker, who will then take the Report to the Physician for the following)

CERTIFICATE OF CAUSE OF DEATH.

The Undersigned, a *Physician*, legally qualified to practice in the State of Illinois,

has examined the body of the above named and described and certified that she died from *Pneumonia*
 following *influenza*

H. P. ... M. D.

STATE OF ILLINOIS, }
 County of Cook, } ss.

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State of Illinois, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
 County Clerk