

1. PLACE OF DEATH

County of Cook

Registration

Dist. No.

STATE OF ILLINOIS ORIGINAL

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Chicago (Cancel the three terms not applicable—Do not enter "R. R." "R. F. D." or other P. O. address.)

Street and Number, No. 850 Irving Park Blvd. Registered No. 17154 (Consecutive No.)

2. FULL NAME William Kelling (a) Residence: No. 923 Seaber St. Ward. Hammond Indian

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Caroline WIFE of

6. DATE OF BIRTH June 28, 1893

7. AGE Years 40 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk

10. Date deceased last worked at this occupation (month and year) Aug 11. Total time (years) spent in this occupation Milk

12. BIRTHPLACE (city or town) Scherwill (State or country) Indiana

13. NAME Adam Kelling

14. BIRTHPLACE (city or town) Milk (State or country) Indiana

15. MAIDEN NAME Theresa Wiers

16. BIRTHPLACE (city or town) Milk (State or country) Indiana

17. INFORMANT H. White Reads, C. R. R. (Personal signature with pen and ink)

P. O. Address 850 Irving Park Blvd.

18. PLACE OF BURIAL, Cremation or Removal Cemetery Elmwood 19. DATE 6/20, 1934

Location Hammond (Township, Road Dist., Village or City) County Lake State Ind.

20. UNDERTAKER G. D. O'Connell (personal signature with pen and ink) ADDRESS Michigan Ave Chicago Ill.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18-34 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to June 18, 1934 I last saw him alive on June 18, 1934, death is held to have occurred on the date stated above, at 1:30 a. m. The principal cause of death and related causes of importance were as follows: Cholelithiasis (Stone in common bile duct) 1 1/2 yrs

Other contributory causes of importance:

23. Was an operation performed? Yes Date of 6-16-34 For what disease or injury? Cholelithiasis

Was there an autopsy? Yes What test confirmed diagnosis? Lab., Examination

24. If a communicable disease; where contracted? no

Was disease in any way related to occupation of deceased? no

If so, specify how: (Signed) Dr. Frank P. O'Connell Address 850 Irving Park Blvd. Date June 18, 1934 Telephone Park 780

\*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.

25. Filed... Registrar.

P. O. Address... Ill.

654 JUN 19 AM 9 35