38221

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10863

Township ..... Primary Registration District No. 1003 Registered No. 10863

City ..... (No. 1416 Cass Ave St. ..... Ward)

2. FULL NAME Maggie Plouder

(a) Residence. No. 1416 Cass Ave St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Plouder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 9 - 1865

7. AGE: Years 62 | Months — | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Charles Bellville
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

14. INFORMANT: Walter Plouder
(Address) 1416 Cass Ave

15. FILED DEC 4 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 2 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 30 to December 2, 1927, to Dec the 2 th, 1927, that I last saw her alive on 1 - 2 -, 1927, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
1 [illegible]
[illegible]
[illegible] (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Abscess in the right Lung due to a broken rib piercing the Lung from falling down stairs last April (duration) ..... yrs. 5 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? accident

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pus and blood in [illegible]

(Signed) Reinhold Pasche, M. D

Dec 3 1927 (Address) 1452 N. 15 St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mw St Marcus | DATE OF BURIAL: Dec 5 1927

20. UNDERTAKER: Bensiek - Niehaus | ADDRESS: 1138 N 6

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.