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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3972

1791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 1221

Township ..... Primary Registration District No. ..... Registered No. .....

City A Round (No. 1508 N 12 St. ..... Ward)

2. FULL NAME FRANCES. KUCZENSKI

(a) Residence. No. 1508 N 12 St., 26 Ward. .....
(Usual place of abode) (If nonresident 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 (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF FRANCIS. KUCZENSKI

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 30

PARENTS

10. NAME OF FATHER John Bober
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

14. INFORMANT Mrs Frances Kopanski
(Address) 2913 N 13

15. FILED 30 1931 19 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 28, 1931 that I last saw her alive on Jan 28, 1931, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
108
131
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) yrs. ✓ mos. ds.

108

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? yes
(Signed) N J Stotellaro, M. D
, 19 (Address) 1007 Cass.

*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: Calvary
DATE OF BURIAL: Jan 31 1931

20. UNDERTAKER: Central
ADDRESS: 1841 Cass

Dr. Scotellaro
1007 Cass.