

WORK SHEET

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEDENT'S BIRTH NO.		1. PLACE OF DEATH a. COUNTY COOK COUNTY, ILLINOIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE ILLINOIS b. COUNTY COOK	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		e. LENGTH OF RESIDENCE AT 2c or 2d 16 YEARS	
c. CITY, VILLAGE, OR TOWN CHICAGO		d. LENGTH OF STAY IN 1b or 1c 43 YEARS		d. CITY, VILLAGE, OR TOWN CHICAGO	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) 2754 HAMPDEN CT		f. LENGTH OF STAY IN 1e 16 YEARS		f. STREET ADDRESS 2754 HAMPDEN CT	
3. NAME OF DECEASED a. FIRST WILFRED b. MIDDLE CUSTER c. LAST KELLOGG		4. DATE OF DEATH MONTH AUG DAY 31 YEAR 1952		9. AGE (in years last birthday) 79 if under 1 year MONTHS DAYS if under 24 hr HOURS MIN	
5. SEX MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH OCT 3, 1876	11. BIRTHPLACE (City and state or foreign country) BERKSHIRE, VERMONT, U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY DOCTOR'S OFFICE		12. Citizen of what country? USA	
13. FATHER'S FULL NAME CHARLES LEDNADIS KELLOGG		14. MOTHER'S FULL MAIDEN NAME EMMA KELLOGG		17. INFORMANT a. SIGNATURE <i>[Signature]</i> b. ADDRESS 533 W. DIVERSEY CHICAGO, ILL.	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 303-09-546		c. RELATIONSHIP TO DECEASED NEPHEW	

VS & R 200 (1952 Revision) based on the U. S. Standard Certificate of Death.

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CAUSE OF DEATH

WORK SHEET

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEDENT'S BIRTH NO.		1. PLACE OF DEATH a. COUNTY COOK COUNTY, ILLINOIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE ILL b. COUNTY COOK	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		e. LENGTH OF RESIDENCE AT 2c or 2d 50 YRS	
c. CITY, VILLAGE, OR TOWN CHICAGO		d. LENGTH OF STAY IN 1b or 1c 50 YRS		d. CITY, VILLAGE, OR TOWN CHICAGO	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) MARY THOMPSON		f. LENGTH OF STAY IN 1e 32 HRS		f. STREET ADDRESS 533 W DIVERSEY PKW	
3. NAME OF DECEASED a. FIRST ANNA b. MIDDLE B c. LAST KELLOGG		4. DATE OF DEATH MONTH 2-24-60 DAY 24 YEAR 60		9. AGE (in years last birthday) 82 if under 1 year MONTHS DAYS if under 24 hr HOURS MIN	
5. SEX F	6. RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) WIDOW	8. DATE OF BIRTH 6-3-1877	11. BIRTHPLACE (City and state or foreign country) WAUPRUM, WISC	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R N		10b. KIND OF BUSINESS OR INDUSTRY PRIVATE		12. Citizen of what country? USA	
13. FATHER'S FULL NAME SMITH M KELLOGG		14. MOTHER'S FULL MAIDEN NAME MARIA DICKENSON		17. INFORMANT a. SIGNATURE <i>[Signature]</i> b. ADDRESS	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NUMBER UNK		c. RELATIONSHIP TO DECEASED	

VS & R 200 (1952 Revision) based on the U. S. Standard Certificate of Death.

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