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15854

STATE OF ILLINOIS ORIGINAL
HENRY HORNER, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration
 County of McDonough Dist. No. 663
Good Hope { *Village *Township } Primary
 { *Road Dist. } Dist. No. 7124
 *(Cancel the three terms not applicable—Do not enter "R.R.," "R. F. D.," or other P. O. Address).

Street and Number, No. _____ St. _____ Ward _____ (Consecutive No.) _____
 Hospital _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? _____ yrs. _____ mos. _____ ds.

2. PLACE OF RESIDENCE: STATE Ill. County McDonough Township _____ Road Dist. _____
 (Usual place of abode) City or Village Good Hope Street and Number _____

3 (a) FULL NAME Mrs. Martha Whaley 19. LIST NO. 83A

3 (b) If veteran, name war _____ No. _____
 3 (c) Social Security No. _____
 4. Sex Female 5. Color or race White 6 (a) Single, widowed, married, divorced Widow
 6 (b) Name of husband or wife Hugh Whaley Decd. 6 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 27 1860
 (Month) (Day) (Year)
 8. AGE: Years 83 Months -- Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Good Hope Illinois (City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper
 11. Industry or business OWN HOME
 12. Name Samuel Luchanan
 13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
 14. Maiden name Rebecca Heath
 16. Birthplace Not Known (City, town, or county) (State or foreign country)

16. INFORMANT Ernest Whaley (personal signature with pen and ink)
 P. O. Address Good Hope Ill

17. PLACE OF BURIAL, Cremation or Removal (b) DATE
 (a) Cemetery Good Hope April 3, 1943
 Location Good Hope
 (Township, Road Dist., Village or City)

County McDonough State Ill.
 18. General director Wesley Whaley ADDRESS Macomb 111.
 (personal signature with pen and ink)
 LADY FUNERAL HOME (firm name, if any)

MEDICAL CERTIFICATE OF DEATH
 20. Date of death: Month April day 1st, year 1943 hour 8.P.M. minute _____
 21. I hereby certify that I attended the deceased from March 4, 1943, to April 1, 1943;
 that I last saw her alive on April 1, 1943;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage Duration 10 days
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 { Was an operation performed? no Date of _____
 For what disease or injury? _____
 Was there an autopsy? no
 Findings? _____
 23. If a communicable disease; where contracted? no
 Was disease in any way related to occupation of deceased? no
 If so, specify how: _____
 24. (Signed) Ernest Whaley M. D.
 Address Good Hope
 Date April 2, 1943 Telephone 42
 *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 April 2, 1943 John H. Baker Registrar.
 P. O. Address Good Hope, Illinois Ill.

GENEALOGICAL PURPOSES ONLY