

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.  
 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.

(82526-5M Bk-28)

*Mr. Donogh*

STATE OF ILLINOIS ORIGINAL  
 Department of Public Health—Division of Vital Statistics

1. PLACE OF DEATH  
 County of *Madison* Registration  
 Dist. No. *664*  
 (Show on line below the name of place where death occurred; give either City (or Village) or Township (or Road District), not both.)  
 Primary Dist. No. *7121*  
 of *Sciota Township*  
 Street and Number, No. *Sciota*

STANDARD CERTIFICATE OF DEATH

24616

Registered No. *4*  
 (Consecutive No.)

2. FULL NAME *Mary Elizabeth Lane*  
 Residence No. *114* St.; Ward, *1* Hospital, *1*  
 (Usual place of abode) (If non-resident 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*  
 4. COLOR OR RACE *White*  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*  
 (Write the word)

16. DATE OF DEATH  
*July 31*, 19*24*  
 (Month) (Day) (Year)

5a. If married, widowed or divorced HUSBAND of (or) WIFE of *James*

17. I HEREBY CERTIFY, That I attended deceased from *July 1*, 19*24*, to *July 31*, 19*24*, that I last saw him alive on *July 31*, 19*24*, and that death occurred, on the date stated above, at *Sciota, Ill.* The CAUSE OF DEATH\* was as follows:

6. DATE OF BIRTH  
*March 10*, 18*88*  
 (Month) (Day) (Year)

*Acute Encephalitis due to E. coli - (Post-Septic)*

7. AGE Years *36* Months *4* Days *21*  
 If LESS than 1 day, hrs. OR min.?

(Duration) *3* yrs. *5* mos. *5* ds.

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

Contributory (Secondary) *Artistic Selection*  
 (Duration) *10* yrs. *10* mos. *10* ds.

9. BIRTHPLACE (city or town) *Fulton County*  
 (State or Country)

18. WHERE WAS DISEASE CONTRACTED  
 If not at place of death? *no*

10. NAME OF FATHER *Samuel Heath*

Did an operation precede death? *no* Date of *no*  
 Was there an autopsy? *no*

11. BIRTHPLACE OF FATHER (city or town) *Not known*  
 (State or Country)

What test confirmed diagnosis? *none*  
 (Signed) *W. H. Houston, M. D.*

12. MAIDEN NAME OF MOTHER *Kawalt*

Address *Good Hope Ill.*  
 Date *July 31, 1924* Telephone *Sciota*

13. BIRTHPLACE OF MOTHER (city or town) *Not known*  
 (State or Country)

14. INFORMANT *Ray Houston*  
 Address *Good Hope Ill.*

\*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. (See reverse side.)

15. Filed *Aug 4 1924* by *H. Meyer*  
 Registrar.  
 (P. O. Address) *Sciota Ills.*

19. PLACE OF BURIAL OR REMOVAL *Good Hope Ill.* 21. DATE OF BURIAL *Aug 11*, 19*24*

20. UNDERTAKER *Chas. Hart* ADDRESS *Sciota Ills.*

Correction ent. as per *his* letter of *Aug 11 1924*