

**PHYSICIAN'S CERTIFICATE OF DEATH.**

Colver, Page, Hoys & Co., Stationers, Chicago.

**State of Illinois,**

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the **County Clerk.** Penalty \$10.00, if not returned within 30 days.

County.

**STATE BOARD OF HEALTH.**

1. Name *Miss Elizabeth B F Reddick* Sex *Female* Color *White*
2. Age *4 1/2* years *4* months *12* days. Occupation \_\_\_\_\_
3. Date of death *22<sup>nd</sup>* hour *10* A.M., \*Single, Married, Widower, Widow.
4. Nationality and place where born *Prussian Born near Coblenz*
5. How long resident in this State *4 1/2* years
6. Place of death † *Reddick place Ottawa*
7. Cause of death † *Pneumonia - She had Complications*

*Pneumonia in November for 18 days and then in January Tonsillitis & then this attack of Pneumonia again*

8. Duration of disease *One week last attack* Duration of Complication.
9. Place and date of burial *Ottawa Cemetery*
10. Name and place of Undertaker *Russel & Son*

Dated at *Ottawa Feb 22<sup>nd</sup>* 1887 *W W Hopkins* M. D.  
 Residence *Lafayette Street*

\*Erase such of these as are not required.  
 †City—No., Street and Ward; same in towns that have them; township or precinct.  
 ‡State primary and immediate cause of death, and examine the list of diseases printed on cover of this book, and law pertaining to Coroner's inquests.

No. 3034

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*Name of Deceased,*

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*Date of Death,*..... 18

*Filed this* 17<sup>th</sup> *day*

*of* March 1887

*A. Lindin*

.....  
*County Clerk.*

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