

EDWARD J. BARRETT

COUNTY CLERK

BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
CHICAGO 6, ILLINOIS



STATE OF ILLINOIS ORIGINAL	
Department of Public Health—Division of Vital Statistics	
STANDARD CERTIFICATE OF DEATH	
Registered No. <u>22054</u>	
I. PLACE OF BIRTH County <u>Cook</u> Registration Dist. No. <u>114</u> City <u>Chicago</u> Primary Dist. No. <u>004</u>	
II. FULL NAME <u>Timothy Drew</u> (a) Residence No. <u>3603, Indiananapolis ave.</u> Ward <u>1</u> (usual place of abode) (If non-resident, give city, town and State)	
Length of residence in city or town where death occurred <u>3 1/2</u> yrs. mo. da.	
III. PERSONAL AND STATISTICAL PARTICULARS 1. SEX <u>Male</u> 2. COLOR OR HAIR <u>American</u> 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> 4. DATE OF BIRTH <u>Jan 8 1895</u> 5. OCCUPATION OF DECEASED <u>President</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Ray Dreyfus</u> 6. BIRTHPLACE (city or town) <u>Wrightstown</u> (State or Country) <u>North Carolina</u> 7. NAME OF FATHER <u>William</u> 8. BIRTHPLACE OF FATHER (City or Town) <u>Wrightstown</u> (State or Country) <u>North Carolina</u> 9. MARRIAGE NAME OF DECEASED <u>Timothy</u> 10. BIRTHPLACE OF MARRIAGE (City or Town) <u>Wrightstown</u> (State or Country) <u>North Carolina</u> 11. INFORMANT <u>John P. [illegible]</u> P. O. Address <u>3603 Indiananapolis ave.</u> (with pen and ink)	
IV. MEDICAL CERTIFICATE OF DEATH 12. DATE OF DEATH (month, day, year) <u>July 25 1929</u> 13. I HEREBY CERTIFY that I attended deceased from <u>May 1 1929</u> to <u>July 25 1929</u> that I first saw him <u>live on July 25 1929</u> and that death occurred on the date stated above, at <u>9:30 a.m.</u> The CAUSE OF DEATH was as follows: <u>Tubercular Broncho-Pneumonia</u> (Duration) <u>2</u> yrs. <u>3</u> mo. <u>13</u> da. CONTRIBUTORY (Secondary) <u>Pulmonary Emphysema</u> (Duration) <u>2</u> yrs. <u>1</u> mo. <u>1</u> da. 14. Where was disease contracted, if not at place of death? Was an operation performed? <u>no</u> Date of <u>—</u> For what disease or injury? <u>—</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Sputum test</u> (Signed) <u>William E. [illegible]</u> Address <u>417-E-45th St Chicago Ill</u> Date <u>July 22 1929</u> Telephone <u>2-1154</u> *N. B. State the disease causing death. All cases of death from violence, accident, or any toxic means must be referred to the Coroner, Section 16, Chapter 48, Illinois Statutes. 15. PLACE OF BURIAL Cemetery <u>Graceland</u> Date of Burial <u>July 25 1929</u> Location <u>—</u> 16. UNDERTAKER <u>Graceland</u> Address <u>4736 Michigan</u>	
17. Date of filing <u>25 JUL 25 PM 8 16</u> P. O. Address <u>—</u>	

STATE OF ILLINOIS, }
 County of Cook, } ss.

I, EDWARD J. BARRETT, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Edward J. Barrett

County Clerk