

No. 34556

1 PLACE OF DEATH		Registration		STATE OF ILLINOIS		COUNTY CLERK'S RECORD	
County of <u>Will</u>		Dist. No. <u>985</u>		Department of Public Health - Office of Vital Statistics			
City of <u>Joliet</u>		Primary Dist. No. <u>8030</u>		STANDARD CERTIFICATE OF DEATH			
* (Channel in three terms not available)		* Township <u>Monrovia Ill.</u>		Registered No. <u>12</u>		(Consentive No.)	
Do not enter "R. E." "N. P. S." or other P. O. address		Street and Number, No. <u>193 Monrovia Ill.</u>		Ward _____		(If death occurred in hospital or institution, give the name instead of street and number)	
2 FULL NAME <u>Susan Creeper</u>				3 (a) Residence No. <u>R.D. 3 Monrovia Ill.</u> St. _____			
Length of residence in city or town where death occurred <u>10</u> yrs. mos. ds.				See box in P. L. 1 of ledger back yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 HAIR <u>Brown</u>	6 EYES <u>Blue</u>	7 BIRTH DATE <u>Jan 12, 1928</u>	16 DATE OF DEATH <u>Jan 12, 1928</u>		
8a If married, widowed or divorced <u>Widowed</u>				17 I HEREBY CERTIFY, That attended deceased from <u>Oct 1, 1927</u> to <u>Jan 12, 1928</u>			
8b If married, widowed or divorced <u>Widowed</u>				and that death occurred, on the date stated above, at <u>Joliet, Ill.</u>			
9 DATE OF BIRTH <u>Oct 12, 1934</u>				that I last saw her alive on <u>Jan 11, 1928</u>			
10 AGE Years <u>93</u>	Months <u>2</u>	Days _____	11 IF LESS than 1 day hrs. OR min. ?	The CAUSE OF DEATH* was as follows:			
12 OCCUPATION OF DECEASED <u>Retired</u>				<u>Bronche Pneumonia</u>			
13 BIRTHPLACE (City or Town) <u>Unknown</u>				CONTRIBUTORY (Secondary) _____			
14 NAME OF FATHER <u>Charles Heath</u>				18 Where was disease contracted, if not at place of death? _____			
15 BIRTHPLACE OF FATHER (City or Town) <u>Unknown</u>				Was an operation performed? <u>No</u> Date of _____			
16 MAIDEN NAME OF MOTHER <u>Unknown</u>				For what disease or injury? <u>No</u>			
17 BIRTHPLACE OF MOTHER (City or Town) <u>Unknown</u>				Was there an autopsy? <u>No</u>			
18 INFORMANT <u>Alice M. M. Smith</u>				What was the medical diagnosis? <u>Usual</u>			
P. O. Address <u>R.D. 3 Monrovia Ill.</u>				Signed <u>J. J. Cassidy</u> M. D.			
19 P. O. Address <u>JOLIET Ill.</u>				Address <u>Monrovia Ill.</u>			
				Date <u>1/13, 1928</u> Telephone <u>15</u>			
				* N. B. - Signs the disease causing death. All cases of death from "Violence, casualty, or any other cause" must be referred to the coroner. See Section 16, Curator's Act.			
				19 PLACE OF BURIAL, Crematorium or Burial		21 DATE	
				Cemetery <u>St. Clairfield</u>		1-13, 1928	
				Location _____		Tombstone, Head Dist., Village or City _____	
				County <u>Will</u> State <u>Ill.</u>			
				20 UNDERTAKER <u>John J. Smith</u>		ADDRESS <u>Joliet</u>	
				Personal number (with post office box) <u>Charter Street</u>		22 _____	
				(firm name, if any)			

MARGIN RESERVED FOR BINDING

NOTE: Local Registrars must make up this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 15th day of each month. Out-of-town Registrars must not be made.

Local Registrars must not issue this form to Undertakers, Physicians or others, but must send it to the Registrar or County Clerk's Office.

For Proprietor County Clerk's (See Local (1570)-59N-4-51)

V.S. 5

PARENTS

## CERTIFICATION

STATE OF ILLINOIS }  
COUNTY OF WILL } SS

DATE: February 16, 2010

I, NANCY SCHULTZ VOOTS, COUNTY CLERK, DO HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE WILL COUNTY CLERK'S OFFICE, JOLIET, ILLINOIS.

(COUNTY SEAL)

Nancy Schultz Voots  
COUNTY CLERK, WILL COUNTY, ILLINOIS

Nancy Maty  
DEPUTY