

STANDARD CERTIFICATE OF DEATH

Registered No. 11858 (Consecutive No.)

1. PLACE OF DEATH Registration 3104
 County of Cook Dist. No. 3104
 *Township *Road Dist *Village *City
 Primary Dist. No. 3104
 *(Cancel the three terms not applicable—Do not enter "H. R.," "E. F. D.," or other P. O. address).
 Street and Number, No. 6349 Maplewood Av. St. Ward Hospital.

2. FULL NAME Katherine Doherty
 (a) Residence No. 6349 Maplewood Av. St. Ward Hospital
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if foreign birth 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Widowed (Write the word)
 6a. If married, widowed or divorced HUSBAND or (or) WIFE of Dennis Doherty
 7. DATE OF BIRTH October 15, 1899 (Month) (Day) (Year)
 7. AGE Years 67 Months 6 Days 7 If LESS than 1 day hrs. OR min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work housewife (b) General nature of industry, business, or establishment in which employed (or employer) housework (c) Name of employer
 9. BIRTHPLACE (city or town) Galway (State or Country) Ireland
 10. NAME OF FATHER Martin Moran
 11. BIRTHPLACE OF FATHER Galway (City or Town) (State or Country) Ireland
 12. MAIDEN NAME OF MOTHER Margaret Connell
 13. BIRTHPLACE OF MOTHER Galway (City or Town) (State or Country) Ireland
 14. INFORMANT (Personal signature with pen and ink) [Signature]
 P. O. Address 6349 Maplewood Av.
 15. Filed [Signature], 19 [Signature] Registrar.
 P. O. Address [Signature]

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH (month, day, year) April 27, 1927
 17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1926, to April 22, 1927, that I last saw her alive on April 22, 1927, and that death occurred on the date stated above, at 6:30 p.m. The CAUSE OF DEATH was as follows: Myocardial Degeneration & Coronary Arteriosclerosis (Duration) yrs. mos. ds.
 CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) yrs. mos. ds.
 18. Where was disease contracted, if not at place of death?
 Was an operation performed? no Date of
 For what disease or injury?
 Was there an autopsy? no
 What test confirmed diagnosis? Chemical & Lab findings (Signed) Eugene Henry M. D. Address 700 S. Dearborn St. Date April 23, 1927 Telephone 88394
 *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.
 19. PLACE OF BURIAL, Cremation or Removal Cemetery Mt. Carmel Date April 26, 1927 Location Mt. Carmel (Township, Road Dist., Village or City) County Cook State Illinois
 20. UNDERTAKER ADDRESS [Signature] 438 S. Halsted St.

Every item of information should be carefully supplied, and should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.
 57456 4M Books-9-26
 V. S. 4

Has decedent ever served in military or naval service of U. S. A.