

492
Form H. D. V. 102B-Z 30M 5-20
Has decedent ever served in military or naval service of U. S.?

STATE OF ILLINOIS

Department of Public Health—Division of Vital Statistics

HEALTH DEPARTMENT, RECORD CITY OF CHICAGO

1. PLACE OF DEATH

Registration Dist. No. 3104
Primary Dist. No.

County of COOK

City of CHICAGO

Registered No. 9051
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME

No. Wesley Memorial Hosp. 2nd Ward
Joseph J. Martyn

(a) Residence No. 134 1/2 Clark St. 2nd Ward 6
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

16. DATE OF DEATH April 6th 1921
(Month) (Day) (Year)

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Martyn

17. I HEREBY CERTIFY, That I attended deceased from March 24 1921, to April 6 1921

6. DATE OF BIRTH Mar 17 1847
(Month) (Day) (Year)

that I last saw him alive on April 6 1921

7. AGE Years 74 Months Days 20
If LESS than 1 day, hrs. OR min.?

and that death occurred, on the date stated above, at 8:43 P.M. The CAUSE OF DEATH* was as follows:

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

Peritonitis
Contributory (Secondary) Strangulated Hernia
(Duration) yrs. mos. ds. 4

9. BIRTHPLACE (city or town)
(State or Country)

18. WHERE WAS DISEASE CONTRACTED
if not at place of death?
Did an operation precede death? yes Date Mar 29/21
Was there an autopsy? no
What test confirmed diagnosis? Supton & Phys

10. NAME OF FATHER Patrick Martyn

(Signed) J. P. Supton, M.D.
Address Wesley Memorial Hospital
Date Apr 7 1921 Telephone Directory 3300

11. BIRTHPLACE OF FATHER (City or Town) Ireland
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Crofton

13. BIRTHPLACE OF MOTHER (City or Town) Ireland
(State or Country)

14. INFORMANT Catherine Martyn
Address 134 1/2 Clark St

15. Filed Apr 7 9 37 AM 1921 Registrar

19. PLACE OF BURIAL OR REMOVAL Mt Carmel
21. DATE OF BURIAL Apr 9 1921

20. UNDERTAKER Robt D Ford
ADDRESS 1004 W Wells St.

FOR GENERAL PURPOSES ONLY

ES